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THIS IS A MEETING WHICH THE PUBLIC ARE ENTITLED TO ATTEND

16th September 2022

Dear Sir/Madam

GOVERNANCE & AUDIT COMMITTEE

A meeting of the Governance & Audit Committee will be held in Via Microsoft Teams on Wednesday, 21st September, 2022 at 10.00 am.

Yours faithfully

Damien McCann
Interim Chief Executive

AGENDA **Pages**

1. SIMULTANEOUS TRANSLATION

You are welcome to use Welsh at the meeting, a minimum notice period of 3 working days is required should you wish to do so. A simultaneous translation service will be provided if requested.

2. APOLOGIES

To receive.

3. DECLARATIONS OF INTEREST AND DISPENSATIONS

To receive.

4. GOVERNANCE & AUDIT COMMITTEE 5 - 8

To receive the minutes of the Governance & Audit Committee held on 11th July, 2022.

(Please note the minutes are submitted for points of accuracy only).

5. ACTION SHEET - 11TH JULY, 2022 9 - 10

To receive the action sheet arising from the meeting held on 11th July, 2022.

6. GOVERNANCE & AUDIT COMMITTEE 11 - 14

To receive the minutes of the Governance & Audit Committee held on 27th July, 2022.

(Please note the minutes are submitted for points of accuracy only).

7. ACTION SHEET - 27TH JULY, 2022 15 - 16

To receive the action sheet arising from the meeting held on 27th July, 2022.

8. FORWARD WORK PROGRAMME 2022-23 17 - 22

To receive the report.

9. GOVERNANCE AND AUDIT COMMITTEE TERMS OF REFERENCE 23 - 30

To consider the report of the Data Protection and Governance Officer

10. ANNUAL GOVERNANCE STATEMENT 31 - 62

To consider report of the Chief Officer Resources.

11. **QUALITY ASSURANCE IMPROVEMENT PROGRAMME** 63 - 74

To consider the report of the Chief Officer Resources.

12. **THE ANNUAL LETTER OF THE PUBLIC SERVICES OMBUDSMAN FOR WALES 2021/2022** 75 - 84

To consider the report of the Head of Legal and Corporate Compliance.

To: J. Absalom (Chair)
Councillor S. Behr (Vice-Chair)
Councillor J. Gardner
Councillor W. Hodgins
Councillor C. Smith
Councillor T. Smith
Councillor J. Wilkins
T. Edwards
M. Veale

All other Members (for information)
Interim Chief Executive
Chief Officers

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COUNTY BOROUGH OF BLAENAU GWENT

REPORT TO: **THE CHAIR AND MEMBERS OF THE GOVERNANCE & AUDIT COMMITTEE**

SUBJECT: **GOVERNANCE & AUDIT COMMITTEE - 11TH JULY, 2022**

REPORT OF: **DEMOCRATIC & COMMITTEE SUPPORT OFFICER**

PRESENT: Ms Joanne Absalom (Chair)

Councillors S. Behr (Vice-Chair)
J. Gardner
W. Hodgins
C. Smith
T. Smith
Mr M. Veale

WITH: Chief Officer Resources
Audit & Risk Manager
Professional Lead – Internal Audit
Data Protection & Governance Officer
Head of Democratic Services, Governance & Partnerships

AND: Mike Jones) Audit Wales
Alice Rushby)

DECISIONS UNDER DELEGATED POWERS

ITEM	SUBJECT	ACTION
No. 1	**SIMULTANEOUS TRANSLATION** It was noted that no requests had been received for the simultaneous translation service.	

No. 2	**APOLOGIES** Apologies for absence were received from Councillor J. Wilkins and Mr T. Edwards.	
No. 3	**DECLARATIONS OF INTEREST AND DISPENSATIONS** Councillor Tommy Smith declared an interest in Item No. 9 – Annual Report of the Audit & Risk Manager 2021/22.	
No. 4	**APPOINTMENT OF CHAIR 2022/23** Nominations were sought for the appointment of Chair of the Governance & Audit Committee for 2022/2023. A Member proposed that Ms Joanne Absalom be appointed to the role, and this proposal was seconded. RESOLVED that Ms Joanne Absalom be appointed Chair of the Governance & Audit Committee for 2022/2023.	
No. 5	**GOVERNANCE & AUDIT COMMITTEE** The minutes of the Governance & Audit Committee held on 14th April, 2022 were submitted. RESOLVED that the minutes be accepted as a true record of proceedings.	
No. 6	**CODE OF GOVERNANCE** Consideration was given to the report of the Chief Officer Resources. RESOLVED that the report be accepted and the Committee approve and adopt the revised Code of Governance (Option 1).	
No. 7	**INTERNAL AUDIT PLAN 2022-2027** Consideration was given to the report of the Chief Officer Resources.	

	RESOLVED that the report be accepted and the Committee note the basis for audit selection / prioritisation as described in section 2, and approve the audit plan attached at Appendix A, deeming it to provide sufficient coverage upon which the Audit and Risk Manager can provide an annual Audit opinion, enabling the Governance & Audit Committee to fulfil its assurance role. (Option 1).	
No. 8	**AUDIT PLAN OUTTURN 2021-22** Consideration was given to the report of the Chief Officer Resources and the Audit & Risk Manager. RESOLVED that the report be accepted and the Governance & Audit Committee note the levels of audit coverage in each service area, the plan outturn for the financial year and the performance of the Internal Audit Service for the financial year 2021/22.	
No. 9	**ANNUAL REPORT OF THE AUDIT & RISK MANAGER 2021/22** Consideration was given to the report of the Audit & Risk Manager. RESOLVED that the report be accepted and the annual opinion of the Audit & Risk Manager be noted as follows:- ‘Based on the findings of the audit work undertaken during 2021/22, in my opinion, Blaenau Gwent County Borough Council’s system of internal control during the financial year 2021/22 operates to a level which gives Reasonable Assurance on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.’	

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Blaenau Gwent County Borough Council

Action Sheet

Governance & Audit Committee – 11th July, 2022

Item	Action to be Taken	By Whom	Action Taken
	Audit Plan Outturn Report		
	A lay Member commented on the definitions of assurance / audit gradings used by the Internal Audit Service and enquired regarding them aligning to CIPFA guidance	Audit & Risk Manager	The assurance gradings used by the Internal Audit Service will be reviewed and consideration will be given to the CIPFA guidance.
	Limited and No insurance reports to be provided in full to the Committee	Audit & Risk Manager	Full reports for audits graded as Limited or No Assurance being provided to future Governance and Audit Committees
	Annual Report of the Audit and Risk Manager		
	Reports on the SRS to include work undertaken, details of arrangement and value for money.	Chief Officer Commercial	Chief Officer Commercial to provide a report to the Partnership Scrutiny Committee in conjunction with the SRS. Report will then be presented to the next Governance and Audit Committee. Included in FWP for March 2023 meeting.
	Report on the Quality Assurance and Improvement Programme for Internal Audit	Audit and Risk Manager	Report to be provided to future Governance and Audit Committee. Included on FWP for September 2022 meeting
	Internal Audit Plan		
	Internal Audit Charter to be reported to Committee	Audit and Risk Manager	Report to be provided to the next Governance and Audit Committee

Item	Action to be Taken	By Whom	Action Taken
	Terms of Reference to be reported to the Committee	Data Protection and Governance Officer	Report to be provided to future Governance and Audit Committee. Included on FWP for September 2022 meeting.

COUNTY BOROUGH OF BLAENAU GWENT

REPORT TO: **THE CHAIR AND MEMBERS OF THE GOVERNANCE & AUDIT COMMITTEE**

SUBJECT: **GOVERNANCE & AUDIT COMMITTEE - 27TH JULY, 2022**

REPORT OF: **DEMOCRATIC & COMMITTEE SUPPORT OFFICER**

PRESENT: Ms Joanne Absalom (Chair)

Councillors S. Behr (Vice-Chair)
W. Hodgins
C. Smith
T. Smith
J. Wilkins
Mr M. Veale

WITH: Audit & Risk Manager
Head of Democratic Services, Governance & Partnerships
Professional Lead – Internal Audit
Senior Auditor
Corporate Director of Education
Data Protection & Governance Officer
Scrutiny & Democratic Officer

AND: Charlotte Owen) Audit Wales
Alice Rushby)

DECISIONS UNDER DELEGATED POWERS

ITEM	SUBJECT	ACTION
No. 1	**SIMULTANEOUS TRANSLATION** It was noted that no requests had been received for the simultaneous translation service.	

No. 2	**APOLOGIES** An apology for absence was received from Councillor J. Gardner.	
No. 3	**DECLARATIONS OF INTEREST AND DISPENSATIONS** The following declarations of interest were reported: Councillor Tommy Smith - Item No. 8 Internal Audit Progress Report (Appendix B3) Councillor W. Hodgins – Item No. 8 Internal Audit Progress Report (discussions re SRS)	
No. 4	**TIME OF FUTURE MEETINGS** RESOLVED that future meetings be held at 10.00 a.m.	
No. 5	**GOVERNANCE & AUDIT COMMITTEE** The minutes of the Governance & Audit Committee held on 11th July, 2022 were submitted. RESOLVED that the minutes be accepted as a true record of proceedings.	
No. 6	**GOVERNANCE AND AUDIT COMMITTEE FORWARD WORK PROGRAMME 2022-23** Consideration was given to report of the Audit & Risk Manager. It was reported that the date of the last Committee should be amended to read 26th April, 2023. RESOLVED, subject to the foregoing, that the report be accepted and the Forward Work Programme for the Governance and Audit Committee be approved.	
No. 7	**INTERNAL AUDIT CHARTER**	

	Consideration was given to report of the Audit & Risk Manager. RESOLVED that the report be accepted and the Internal Audit Charter in line with good practice and the requirements of the Public Sector Internal Audit Standards (PSIAS) be approved.	
No. 8	**<u>INTERNAL AUDIT PROGRESS REPORT</u>** Consideration was given to report of the Professional Lead Internal Audit. RESOLVED that the report be accepted and the Committee note the findings within the attached Appendices and notes progress on activities for the period 1st April 2022 to 30th June 2022.	
No. 9	**<u>AUDIT WALES – BLAENAU GWENT COUNTY BOROUGH COUNCIL ANNUAL AUDIT SUMMARY 2021</u>** Consideration was given to report of the Head of Democratic Services, Governance & Partnerships. RESOLVED that the report be accepted and the Committee note the Annual Audit Summary published in January 2022.	
No. 10	**<u>AUDIT WALES 2022 AUDIT PLAN FOR BLAENAU GWENT COUNTY BOROUGH COUNCIL</u>** Consideration was given to report of the Chief Officer Resources. RESOLVED that the report be accepted and the Committee note the work planned for 2022 by the Auditor General for Wales to discharge his statutory responsibilities as the Council's external auditor and fulfil his obligations under the Code of Audit Practice.	

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Blaenau Gwent County Borough Council

Action Sheet

Governance & Audit Committee – 27th July, 2022

Item	Action to be Taken	By Whom	Action Taken
8	*Internal Audit Progress Report* Future reports on management actions in relation to limited assurance audits to be included as part of the progress reports for the Committee. Progress reports on audits of SRS be included in the FWP for the Committee.	Audit & Risk Manager Audit & Risk Manager	Follow-up audits routinely undertaken on limited assurance audits and presented to Committee as part of the progress reports. SRS report included in FWP
9	*Audit Wales – Blaenau Gwent County Borough Council Annual Audit Summary 2021* A Member said the report referred to the fact that Blaenau Gwent County Borough has 6 (13%) of its 47 areas deemed the most deprived 10% of areas in Wales, this is the sixth highest of the 22 unitary councils in Wales, and enquired as to the 6 areas.	Charlotte Owen, Audit Wales	The 6 'Lower Super Output Areas' are: Tredegar Central and West 2 Sirhowy 2 Ebbw Vale North 2 Ebbw Vale South 1 Nantyglo 3 Cwmtillery 1 Further info can be found here: WIMD - Home Page (gov.wales)

Item	Action to be Taken	By Whom	Action Taken
10	*Audit Wales 2022 Audit Plan for Blaenau Gwent County Borough Council* A Member asked whether a summary of the responses received from the consultation undertaken in March 2022 could be provided. The Chair requested that a briefing note be circulated to Members on progress of the Statement of Accounts and Annual Governance Statement. A Member also requested that the draft Statement of Accounts and Annual Governance Statement be circulated to Members when completed.	Charlotte Owen, Audit Wales Rhian Hayden Rhian Hayden	In early March 2022, we launched a consultation on the Auditor General's work programme for 2022-23 and beyond. We extended the timetable for the consultation to mid-May and received 47 responses from various sources. The responses we received to our proposed areas of future focus were generally positive, but with suggestions also being raised on topics that did not feature explicitly in our consultation document. We plan to produce a brief summary of the responses and our next steps - this will be published on the Audit Wales website. Our fuller response to the consultation responses will come in decisions around our future work programme and these will also be communicated more widely in due course.

Executive Committee and Council only
Date signed off by the Monitoring Officer: N/A
Date signed off by the Section 151 Officer: N/A

Committee:	**Governance and Audit Committee**
Date of meeting:	**21st September 2022**
Report Subject:	**Forward Work Programme 2022-23**
Portfolio Holder:	**Leader / Executive Member Corporate Overview and Performance**
Report Submitted by:	**Scrutiny and Democratic Officer**

Reporting Pathway								
Directorate Management Team	**Corporate Leadership Team**	**Portfolio Holder / Chair**	**Governance Audit Committee**	**Democratic Services Committee**	**Scrutiny Committee**	**Executive Committee**	**Council**	**Other (please state)**
			21.09.22					

1. **Purpose of the Report**

1.1 To present the Forward Work Programme for 2022-23 (Appendix 1).

2. **Scope and Background**

2.1 The Work Programmes are key aspects of the Council's planning and governance arrangements and support the requirements of the Constitution.

2.2 The topics set out in the Forward Work Programme link to the strategic work of the Council as identified by the Council's Corporate Plan, agreed by the Council in July 2020, corporate documents and supporting business plans.

2.3 The Governance and Audit Committee Forward Work Programme is aligned to the Scrutiny Committee, Executive Committee and Council Forward Work Programmes.

2.4 The Work Programme is a fluid document and there is flexibility to allow for regular review between the Chair and the Committee.

3. **Options for Recommendation**

3.1 The work programme has previously been agreed by the Committee.

3.2 **<u>Option 1</u>**
To accept the Forward Work Programme.

<u>Option 2</u>
To suggest any amendments to the Forward Work Programme.

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Governance and Audit Forward Work Programme

Topic	Purpose	Lead Officer
Meeting Date: 11th July 2022		
Code of Governance	To present the revised Code of Governance for the Council.	Louise Rosser
Strategic Internal Audit Plan 2021-2026	To provide Members with the strategic five-year Audit Plan for the period 2021-2026.	Louise Rosser
Internal Audit Outturn 2021/2022	To present the Internal Audit Outturn for 2021/22	Louise Rosser
Annual Report of the Audit and Risk Manager	To present the opinion of the Annual Opinion of the Audit & Risk Manager	Louise Rosser

Special Meeting Date: 27th July 2022		
Forward Work Programme 2022/23	To agree the FWP for 2022/23	Chair
Internal Audit Charter	To provide an updated copy of the Internal Audit Charter.	Louise Rosser
Audit Plan Progress Report (Qtr 1)	To update Members on the progress against the Internal Audit Plan.	Louise Rosser
BGCBC – Annual Audit Summary	To present the Audit Wales Annual Audit Summary.	Sarah King
Audit Wales 2022 Audit Plan for BGCBC	To present the Audit Wales 2022 Audit Plan.	Rhian Hayden

Meeting Date: 21st September 2022		
Draft Annual Governance Statement	To present the draft Annual Governance Statement (AGS).	Louise Rosser
Quality Assurance and Improvement Programme	To present the Quality Assurance and Improvement Programme for Internal Audit Services	Louise Rosser
Governance and Audit Committee Terms of Reference	To present the Governance and Audit Committee Terms of Reference	Steve Berry
Annual Report of the Public Services Ombudsman for Wales 2020/21	To inform Members of the Council's performance with regard to complaints to the Public Services Ombudsman for Wales.	Andrea Jones

Meeting Date: TBC		
Draft Statement of Accounts 2021/22	To present for consideration the 2021/22 Draft Statement of Accounts and to consider the Authority's financial standing as at 31 March 2022.	Rhian Hayden

Governance and Audit Forward Work Programme

Topic	Purpose	Lead Officer
Special Meeting Date: 20th October 2022		
Annual Self-Assessment of Council Performance 2021/22 **To be published by 31st October each year**	To present the Annual Self-Assessment of Council performance.	Sarah King

Meeting Date: 16th November 2022		
Audit Plan Progress Report (Qtr 2)	To update Members on the progress against the Internal Audit Plan.	Louise Rosser
RIPA Activity	To report on authorised RIPA activity as per the Council's policy.	Andrea Jones
External Quality Assessment	To report on the outcomes of the external quality assessment of Internal Audit	Louise Rosser
Complaints Report (Qtr1 & Qtr2)	To present the bi-annual report on Complaints as required by the Ombudsman	Andrea Jones
Statement of Accounts 2021/22	To present for approval the 2021/22 Statement of Accounts and to consider the Authority's financial standing as at 31st March 2022.	Rhian Hayden
Audit of Financial Statements	To consider the report from the Council's External Auditors Wales Audit Office.	Rhian Hayden
Annual Governance Statement	To present the final Annual Governance Statement (AGS).	Louise Rosser
Corporate Risk Register / Risk Update (Subject to Member Briefing)	To update Members on the current corporate risk register	Louise Rosser

Meeting Date: 11th January 2023		
Corporate Risk Register / Risk Update	To update Members on the current corporate risk register	Louise Rosser

Meeting Date: 8th March 2023		
Audit Plan Progress report (Qtr 3)	To update Members on the progress against the Internal Audit Plan.	Louise Rosser
SRS Position Statement	To present a position statement on the partnership with the SRS	Bernadette Elias

Governance and Audit Forward Work Programme

Topic	Purpose	Lead Officer
Meeting Date: 26th April 2023		
Code of Governance	To present the revised Code of Governance for the Council.	Louise Rosser
Internal Audit Outturn 2022/2023	To present the Internal Audit Outturn for 2022/23	Louise Rosser

Meeting Date: Dates to be arranged as necessary		
Review of Governance and oversight arrangements of companies of which the Council has an interest	Following the audit Wales review of Silent Valley and subsequent recommendation, the following companies will be included within this report: Gwent Crematorium Gwent Archives EAS ALT	Sarah King
Audit Wales – Regenerating Town Centres	To present the Audit Wales report.	Ellie Fry
Audit Wales Reports		Various

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Executive Committee and Council only
Date signed off by the Monitoring Officer:
Date signed off by the Section 151 Officer:

Committee: **Governance and Audit Committee**

Date of meeting: **21st September 2022**

Report Subject: **Governance and Audit Committee Terms of Reference**

Portfolio Holder: **Leader of the Council / Corporate Services**

Report Submitted by: **Steve Berry, Data Protection and Governance Officer**

Reporting Pathway								
Directorate Management Team	**Corporate Leadership Team**	**Portfolio Holder / Chair**	**Governance & Audit Committee**	**Democratic Services Committee**	**Scrutiny Committee**	**Executive Committee**	**Council**	**Other (please state)**
			21/09/2022					

1. **Purpose of the Report**

1.1 The purpose of the report is to present to the Governance and Audit Committee the proposed updated Terms of Reference for the committee.

2. **Scope and Background**

2.1 Following changes implemented as part of the Local Government and Elections (Wales) Act 2021 which came into force in May 2022 there have been amendments to the scope of the Audit Committee. Consequently, the committee is now known as the Governance and Audit Committee and additional responsibilities added to its remit.
As a result of this the Terms of Reference for the Governance and Audit Committee need to be updated to better reflect the changes and obligations.

3. **Options for Recommendation**

3.1 **Option 1**
That the Governance and Audit Committee review the updated Terms of Reference and approve these for use.

Option 2
That the Governance and Audit Committee review the updated Terms of Reference and recommend any additional changes to be implemented before approving for use.

4. **Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan**

4.1 This relates to statutory regulation and compliance and also links to the Council's objective of an efficient Council within the Corporate Plan.

5. **Implications Against Each Option**

5.1 ***Impact on Budget (short and long term impact)***
There are no budget implications in addition to the existing cost implications of the existing committee.

5.2 ***Risk including Mitigating Actions***

Failure to be compliant to the relevant legislation would represent a risk to the Council and leave the Council open to criticism and legal action. Ensuring that the committee has Terms of Reference that accurately reflect the legislation and support its work will help to mitigate this risk.

5.3 ***Legal***

The Local Government and Elections (Wales) Act 2021 place obligations on the Council to ensure the Governance and Audit Committee are in place for the Council and covers the correct scope. The Terms of Reference will assist in ensuring that the Council is compliant with this.

5.4 ***Human Resources***

No direct implications

6. **Supporting Evidence**

NA

6.1 ***Performance Information and Data***

NA

6.2 ***Expected outcome for the public***

To provide assurance that the Committee understand and adhere to its remit and are committed to following this.

6.3 ***Involvement (consultation, engagement, participation)***

The scope of the Committee is a statutory obligation and not appropriate for public consultation or similar. These Terms of Reference have been discussed internally and will remain under review.

6.4 ***Thinking for the Long term (forward planning)***

The Terms of Reference are intended to ensure that the Committee continues to fulfil its legal obligations.

6.5 ***Preventative focus***

See above

6.6 ***Collaboration / partnership working***

All relevant public bodies must adhere to the same statutory regime.

6.7 ***Integration (across service areas)***

All service areas are subject to the legislation that mandates the Governance and Audit Committee.

6.8 ***Decarbonisation and Reducing Carbon Emissions***

NA

7. **Monitoring Arrangements**

7.1 The Terms of Reference will be continually reviewed to ensure they accurately reflect any changes to the scope of legislation relating to the Committee.

Background Documents / Electronic Links

- *Governance and Audit Committee Terms of Reference*

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GOVERNANCE AND AUDIT COMMITTEE

Terms of Reference

1. The Governance and Audit Committee should:-

(a) Review, scrutinise and issue reports and recommendations in relation to the Authority's financial affairs;

(b) Provide independent assurance of the adequacy of the risk management framework and the associated control environment;

(c) Provide independent scrutiny of the Council's financial and non-financial performance to the extent that it affects the Council's exposure to risk and weakens the control environment;

(d) Oversee the financial reporting process.

(e) Oversee the effectiveness of the Council's complaints process (service complaints).

2. To achieve these objectives the Governance and Audit Committee should:-

(a) Approve (but not direct) internal Audit's strategy, plan and performance;

(b) Review the planned activity and results of both Internal Audit and External Audit and receive regular reports accordingly;

(c) Review summary Internal Audit reports and the main issues arising, consider the adequacy of management responses, and seek assurances that action has been taken where necessary;

(d) Receive the annual report of the Audit and Risk Manager and monitor action in response to the issues raised in the report;

(e) Consider the effectiveness of the Council's risk management arrangements and the control environment;

(f) Approve the Council's formal policies for combating fraud and anti corruption and arrangements for special investigations, together with associated policies such as Whistle Blowing and Benefit Fraud prosecutions;

(g) Consider arrangements for raising the profile of probity within the Council and receive ad hoc reports on any issues relating to the above;

(h) Receive reports from the Section 151 Officer or his/her representatives on the strategic processes for financial risk, control and governance;

(i) Seek assurances that action is being taken on risk related issues identified by auditors and regulators;

(j) Obtain satisfaction that the Council's assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it;

(k) Ensure there are effective relationships between External and Internal audit, regulation/inspection agencies and other relevant bodies and that the value of the audit process is actively promoted;

(l) Review the annual financial statements with the Section 151 Officer, including the level and nature of any significant errors identified, together with the Section 151 Officer's letter of representation to the External Auditor;

(m) Review the External Auditor's opinion and reports to Members on these annual financial statements and consider the adequacy of management responses and action in relation to the issues raised by External Audit;

(n) The Chief Officer - Resources, the Head of Financial Service, the Audit and Risk Manager, the Monitoring Officer and the representative of the External Auditor will have free and confidential access to the Chair of the Committee.

3. As and when appropriate, the Committee will also be provided each financial year with:-

(a) Details of any significant amendments to the terms of reference of Internal Audit;

(b) The Internal Audit Plan;

(c) The financial statements of the Council, including the Annual Governance Statement, and audit opinion to be provided by the External Auditor;

(d) External audit outputs including: the Regulatory Plan; ISA260 Report to 'Those Charged with Governance'; Audit Opinion; Financial Accounts Memorandum and Annual Audit Letter; and

(e) Consideration of the Policy regarding the Regulation of Investigatory Powers Act.

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Executive Committee and Council only
Date signed off by the Monitoring Officer:
Date signed off by the Section 151 Officer:

Committee:	**Governance and Audit Committee**
Date of meeting:	**21st September 2022**
Report Subject:	**Annual Governance Statement**
Portfolio Holder:	**Cllr Steve Thomas, Leader / Executive Member Corporate Overview and Performance**
Report Submitted by:	**Rhian Hayden – Chief Officer Resources**

Reporting Pathway								
Directorate Management Team	**Corporate Leadership Team**	**Portfolio Holder / Chair**	**Audit Committee**	**Democratic Services Committee**	**Scrutiny Committee**	**Executive Committee**	**Council**	**Other (please state)**
	12.09.22		21.09.22					

1. **Purpose of the Report**
To present to the Governance and Audit Committee the draft Annual Governance Statement (AGS) for 2021/22 (attached at Appendix A)

2. **Scope and Background**

2.1 The report provides the draft AGS for 2021/22, providing an assessment of the effectiveness of the Authority's governance arrangements.

2.2 Responsibility for reviewing the AGS has been delegated to the Governance and Audit Committee as 'those charged with Governance'. In line with the principles of good practice, the statement has also been reviewed by the Corporate Leadership Team (CLT), confirming that it reflects their understanding of the governance arrangements in place for Blaenau Gwent CBC during the 2021/22 financial year.

2.3 The statement is collated following an evidence gathering exercise which calls upon a number of sources including:

- Internal and external regulatory reports
- Annual Report of the Audit and Risk Manager
- Senior Manager Assurance Statements

3. **Options for Recommendation**

3.1 The Governance & Audit Committee consider the following options:

<u>Option 1</u>
The Committee approve and adopt the Draft AGS having considered and challenged the content, ensuring it is consistent with their knowledge and understanding of the wider issues affecting the Council.

<u>Option 2</u>
The Committee propose amendments / alterations to the AGS, having considered and challenged the content, and deeming it to be consistent with their knowledge and understanding of the wider issues affecting the Council, subject to the proposed amendments.

<u>Option3</u>

The Committee choose not to approve the AGS having considered and challenged the content, deeming it not to be consistent with their knowledge and understanding of the wider issues affecting the Council.

4. **Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan**

4.1 Production of an AGS assists the Authority in achieving its Corporate Plan Priority of an ambitious and innovative council delivering the quality services we know matter to our communities by providing an assessment of the governance arrangements in place for Blaenau Gwent CBC.

4.2 Production of the AGS is a statutory requirement under the Accounts and Audit Regulations (Wales) 2014 to accompany the Statement of Accounts.

5. **Implications Against Each Option**

5.1 ***Impact on Budget (short and long term impact)***

There are no direct financial implications arising from the production of the AGS.

5.2 ***Risk including Mitigating Actions***

Options 1 and 2 are compliant with the requirements of the Accounts and Audit Regulations (Wales) 2014. Option 3 would result in non-compliance with these regulations and could affect the opinion of the external auditor. on the Statement of Accounts and require additional regulatory work to be undertaken.

5.3 ***Legal***

There are no direct legal implications arising from the production of the AGS. If option 3 is selected, we would not comply with legislation

5.4 ***Human Resources***

The production of the AGS involves the investment of Senior Management time from across the Authority. The commitment is met from existing resources.

6. **Supporting Evidence**

6.1 ***Performance Information and Data***

The production of the AGS is an element of the governance framework of the Authority.

6.2 ***Expected outcome for the public***

The AGS sets out how the Council's governance framework has operated for the ultimate benefit of the citizens of Blaenau Gwent.

6.3 ***Involvement (consultation, engagement, participation)***

The AGS informs the reader of the Authority's consultation and engagement activities during 2021/22. Officers from all directorates have contributed to the production of the AGS and Members consider & confirm

that the AGS reflects their understanding of the Council's position for the previous year.

6.4 ***Thinking for the Long term (forward planning)***
The statement provides a comparison of the governance activity for 2021/22 with the Code of Governance and identifies development activities for 2022/23 and future years.

6.5 ***Preventative focus***
The AGS outlines how the Authority's governance arrangements have operated in the context of risk management and internal control, identifying weaknesses and developments for the future.

6.6 ***Collaboration / partnership working***
The AGS acknowledges the Authority's collaborative working approach as part of the Blaenau Gwent Public Service Board and other partners

6.7 ***Integration (across service areas)***
Officers from all directorates have contributed to the production of the AGS and the document reflects a whole Authority perspective.

6.8 ***Decarbonisation and Reducing Carbon Emissions***
The production of the AGS has no direct impact on decarbonisation and reducing carbon emissions.

6.9a ***Socio Economic Duty Impact Assessment***
Not applicable.

6.9b. ***Equality Impact Assessment***
The production of the AGS has a neutral impact against people or groups from the nine protected characteristics

7. **Monitoring Arrangements**

7.1 The AGS provides the assessment of the Authority's governance framework against the Code of Governance. Recommendations for development are made in the statement and will be actioned throughout 2022/23. Progress against these recommendations will be reported via the 2022/23 AGS.

Background Documents /Electronic Links

- Appendix A – Annual Governance Statement

- Code of Governance

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ANNUAL GOVERNANCE STATEMENT 2021/22

Annual Governance Statement 2021 – 2022

Scope of Responsibility

Blaenau Gwent County Borough Council ('the Authority') is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The Authority also has a general duty under the Local Government Measure (Wales) 2009 and the Local Government and Elections (Wales) Act 2021 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

The Authority has approved and adopted a Code of Governance, which is consistent with the principles of the CIPFA/SOLACE Framework "Delivering Good Governance in Local Government". A copy of the code is available from the Governance and Partnerships Section.

This statement explains how the Authority has complied with the code and also meets the requirements of regulation 5 of the Accounts and Audit (Wales) Regulations 2014 in relation to the publication of a statement on internal control to accompany the Statement of Accounts.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the Authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of the framework and is designed to manage risk at a reasonable level. It cannot eliminate all risk and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify the key risks of the Authority, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. These will include achievement or not of the Council's policies, aims and objectives.

The governance framework has been in place at the Authority for the year ended 31 March 2022 and up to the date of approval of the Annual Statement of Accounts.

In January 2022 Audit Wales published their Annual Audit Summary for 2021. The report included a synopsis of each review undertaken by Audit Wales over the year.

Details of the Proposals for Improvement issued by regulators during 2021/22 are available from the Corporate Performance Team, and progress against their achievement is included in the Joint Finance and Performance Report. These proposals are attached at Appendix A.

The Governance Framework

The governance framework includes the key elements of the systems and processes that comprise the Authority's governance arrangements, along with an assessment of their effectiveness. The ways in which the Authority demonstrates this are discussed below. Each core principle set out in the Authority's Code of Governance is identified, along with the self-assessment of how well it is applied and how we propose to improve in future. The review of effectiveness is informed by the work of the Senior Managers, who have responsibility for the development and maintenance of the governance environment, the Audit and Risk Manager's annual report, and by the commentary from the external auditors and other regulators.

Core Principle A
Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

How we do this:

A Governance Framework exists that sets out the standards and processes to be adopted by both Members and Officers. Codes of Conduct, detailing Member / Officer relations, are contained within the Constitution and all are required to make declarations of any interests that impact on their positions / functions. These documents are periodically reviewed and updated, and are influenced by best practice and recommendations from both internal and external regulators.

Members' declarations are retained by the Monitoring Officer and Officers' declarations are held by Service Managers. All Council meetings are conducted in accordance with the agreed democratic process and have declarations of interest as part of the agenda, with any declarations noted in the minutes and Members withdrawing or not taking part in the debate as appropriate.

A Policy Framework exists to guide both Members and Officers in fulfilment of their roles. This includes a Whistle-Blowing policy enabling Members, Officers and the public to report any concerns regarding the integrity and operations of the Authority. In addition, policies such as

disciplinary or grievance procedures have been formulated for dealing with breaches to the codes.

Both Officers and Members are advised through the induction process of the standards of behaviour required by the Council throughout their term of office or employment. Continued adherence to the ethical values of the Authority is confirmed through a performance review protocol for all Officers and a Personal Development Review (PDR) / Competency Framework (CF) in place for Members. The PDR / CF is a mandatory process for senior salary holders, and non-senior salary holders are also offered the opportunity to undertake a PDR / CF.

The Authority's constitution has a published Scheme of Delegation of Functions, which is agreed and published annually. This scheme details subject areas, and identifies the bodies or individuals responsible for decision making. It sets out the terms of reference for the various committees in operation. In addition, both the Monitoring Officer and the Section 151 Officer have oversight of the decisions made by the Authority to ensure their lawfulness and financial probity.

Review of Effectiveness:

Each Committee conforms to legislative requirements including compliance with the Local Government (Wales) Measure 2009, Social Services and Well-being (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2015 and the Local Government and Elections (Wales) Act 2021. The decision making process is documented and the Authority's Scrutiny Committees can 'call in' a decision which has been made by the Executive Committee but not yet implemented. No decisions were called in during 2021/22.

Work has continued to strengthen Blaenau Gwent's Scrutiny and Democratic Committee arrangements. Throughout the response to the Covid-19 pandemic, all members were provided with laptops to assist them with remote access. Support arrangements and guidance were put in place to support members through this unprecedented time. This support continued into 2021/22 and arrangements were put in place to support all members elected as part of the Local Elections in May 2022.

Mandatory sessions on the Constitution including roles and responsibilities are held for all new Members.

In 2021/22 four complaints against Members were made to the Ombudsman, but none were investigated due to no evidence of a breach or being too minor to pursue. There were no whistle-blowing incidents reported to the Authority during the year, however two whistle-blowing complaints were ongoing from the previous year.

Recommendations for Development:

- Continued adherence to the Authority's policies and procedures which exist to guide Members and Officers to comply with the Council's expectations in terms of acting with integrity.
- To evidence the robust application of the Authority's Code of Conduct, an Internal Audit review of the declarations of interest process will be concluded.

- In line with good practice, an Annual review (as a minimum) of the Constitution and Scheme of Delegation to ensure the Authority's governance and decision making processes remain fit for purpose.
- Review of and continued application of the Members Performance Development Review Scheme and competency framework.
- Continued application of the Officers Performance Review Scheme.
- Audit plans for future years will include testing a range of policies and procedures.

Core Principle B
Ensuring openness and comprehensive stakeholder engagement.

How we do this:

The Council continues to develop the way in which it engages with the community and new processes for engagement with the Town and Community Council have been developed.

During 2020/21, the Council reduced its face to face engagement as a consequence of the Covid-19 pandemic but this year has seen a move towards usual practice. The Council has developed an Engagement Strategy which outlines the approach to engagement which includes: the community, stakeholders, staff and members. This Strategy will be reviewed during 2022 to ensure that it captures the participation aspects of the Local Government and Elections (Wales) Act 2021.

The Citizens Panel is in operation alongside various other groups such as the 50+ Forum, Youth Forum and Children's Grand Council. The Council also engages with the business community through a number of channels, including the 'Business Hub', the Enterprise Board and through various town centre business forums.

In order to understand the engagement activity across the Council, and to map the type and level of activity being delivered across the organisation, an Engagement Calendar has been developed and is updated quarterly with all of the activity that is planned for the coming quarter.

The following engagement activities have taken place:

- Pen-y-cwm School capacity consultation;
- Social Services department survey; and
- Section 19 Flood Investigation Survey

The Council also worked with the Public Services Board (PSB) partners to deliver a participatory budgeting, Community Choice, Community Voice Programme. This resulted in £252,393 funding being awarded to 40 community groups delivering local projects.

The Blaenau Gwent Local Well-being Plan 2018 to 2023 sets out the main priorities for strategic partnership working. To support the Plan for its implementation the PSB has

developed a Strategic Work Programme which was signed off in January 2020. This Work Programme has identified five high level actions to be taken forward:

- First 1,000 days and Early Years Pathfinder;
- Building a healthier Gwent / Integrated Well-being Networks;
- Climate Change;
- Blaenau Gwent Sustainable Food Programme; and
- Foundational Economy.

Each of the high level actions has an identified PSB sponsor.

During 2018/19, the Council developed a Corporate Plan 2018/22 which included revised Well-being Objectives (which also act as Improvement Objectives). In summer 2020, the Council undertook a review of the Corporate Plan linked to the response and learning to date from Covid-19 and what the Council is aiming to achieve by the end of the Plan in 2022. This resulted in some amendments being made to the Well-being Objectives in order to better demonstrate the contribution different areas across the Council will contribute to achieving them, enhancing our One Council approach. The overall emphasis of each Well-being Objective has not changed:

- **Protect and enhance our environment and infrastructure to benefit our communities**
- **Support a fairer sustainable economy and community**
- **To enable people to maximise their independence, develop solutions and take an active role in their communities**
- **An ambitious and innovative council delivering the quality services we know matter to communities**.

The Council will work with the newly elected members to undertake a review of the priorities, using learning from the Council's Corporate Self-Assessment, to develop a new Corporate Plan to cover the next 5 years.

Blaenau Gwent continues to work with a wide range of partners where partnership opportunities provide better outcomes for local residents than the Council could achieve if working on its own. We work in partnership with a variety of stakeholders including staff, residents and businesses. Examples of collaborations and partnerships include:

- Education Achievement Service (EAS)
- Shared Resource Service (SRS)
- Regional Public Service Board (PSB)
- Cardiff Capital Region City Deal
- Local Nature Partnership Blaenau Gwent and Torfaen
- Tech Valleys
- Valley Task Force
- Gwent Wide Adult Safeguarding Board (GWASB)
- South East Wales Safeguarding Children Board (SEWSCB)
- Greater Gwent Health, Social Care and Well-being Partnership;

The Council has an established engagement framework for staff and the Council's Trade Union and Consultation Framework has been reviewed and updated. The Partnership and Engagement Team has developed an overarching Council Engagement Framework which includes engagement with staff.

Review of Effectiveness:

To ensure relevant stakeholders are engaged throughout the Council's policy development and decision making processes, comprehensive engagement events have been held throughout the year.

The Policy, Partnership and Engagement Team have supported a number of engagement and participation activities and events. The Council continues to hold a number of key engagement and participation activities and events including: Youth Forums; School Grand Council; quarterly Over 50's Network and Forum; and equality focused Access for all Forums. The Council also continues to develop its use of social media channels such as Twitter, Facebook and Flickr.

Engagement with staff regarding the process for staff supervision has been undertaken which has led to improvements to the process in order to encourage discussion in identified areas.

Engagement arrangements with Audit Wales are in place with regular meetings with the Head of Governance and Partnerships, regular meetings with the Section 151 Officer and separate quarterly meetings with the Chief Executive. Quarterly meetings are also undertaken with the Leadership.

The Authority's Education Services have regular half-termly Local Authority Link Inspector (LALI) meetings convened with Estyn in line with inspectorate requirements. The Authority has update meetings between the Corporate Director Education, political leaders and the Welsh Government officials as and when required.

The Regional Partnership Board has submitted a 'Transformational Offer' to Welsh Government setting out proposals of how the Gwent region would support the continued development of a 'seamless system' of care, support and well-being, in response to the Welsh Government's new long term plan for health and social care, 'A Healthier Wales'. The offer in total for Gwent amounted to £13.4 million of new limited funding over a two-year period. Four areas were selected, derived from the priority areas within the Area Plan and the considered directions of the Regional Partnership Board. These include:

- The development of early intervention and prevention services (Integrated Well-being Networks)
- The development of primary and community care services (Compassionate Communities);
- The redesign of child and adolescent emotional and mental health services (Iceberg model);
- The development of an integrated 'Home First' discharge model.

The programme was awarded £8,313,131 for 2021/22. Sustainability being the primary focus in this final year, bringing together successful elements alongside successful

Integrated Care Fund programmes, to create a framework of services within a model of 'Place Based Care'.

All four programmes, have embedded well and the evaluation reports demonstrate both financial efficiencies and improved wellbeing outcomes for citizens have been achieved.

Recommendations for Development:

- Monitor progress of the Local Well-being Plan.
- Supporting development of the Regional Well-being Plan
- Review of the Engagement Strategy and continued implementation of the Council's Engagement Programme.
- Development of the new Corporate Plan 2022 - 2027

Core Principle C
Defining outcomes in terms of sustainable economic, social, and environmental benefits.

How we do this:

The Authority has reviewed its priorities, vision and values and these are set out in the Council's Corporate Plan 2018/22. The Corporate Plan acts as the Council's business plan and is directly linked to the priorities in the Well-being Plan. The Corporate Plan was approved by Council on 26th April 2018 and covered the four-year period to 2022, in line with the timeframes until the 2022 local elections. In 2020 a review of the plan was undertaken to consider the learning from the COVID 19 pandemic. This resulted in some amendments being made to the Outcome Statements in order to better demonstrate the contribution different areas across the Council contribute to achieving them, enhancing our one Council approach. The overall emphasis of each Outcome Statement (Well-being Objective) has not changed.

The priority areas identified in the Corporate Plan also act as our Well-being Objectives as part of the Well-being of Future Generations (Wales) Act.

In September 2021, the Council published its Assessment of Performance for 2020/21, detailing progress made throughout the year against the priorities identified within the Plan. It also included an assessment of the work undertaken as part of the response to the global pandemic, Covid-19.

The Wellbeing of Future Generations (Wales) Act 2015 established statutory Public Service Boards (PSBs) to improve the economic, social, environmental and cultural wellbeing across Wales by strengthening joint working across all public services. There is a statutory requirement for all PSBs to develop a Well-being Assessment and a Well-being Plan.

The current Well-being Plan will remain in place until 2023, when a new plan will be developed, linked to the findings of the Well-being Assessment. Arrangements have been made to establish a Joint Public Service Board merging, under Section 47 (1) of the Well-being of Future Generations (Wales) Act 2015, the former five local PSB Boards. This will replace the individual Public Service Boards in each of the five Local Authority areas of Gwent. As part of this, a Joint Public Service Board Scrutiny Committee is to be established. Local Public Service Board Scrutiny Committees will remain in place in each local authority until the end of the local Well-being Plans 2023.

The Authority has a Strategic Equality Plan 2020/24 that was subject to comprehensive engagement of people with different protected characteristics, including through the Access for all Forum and the Older Peoples Network, as well as holding a Member Equalities Task and Finish Group

The Authority is committed to the principles of the Wales Procurement Policy that identifies Procurement as a strategic enabler, delivering key policy objectives to support the Council's economic, social and environmental priorities.

Extensive engagement was undertaken on the development of the 10-year Blaenau Gwent Welsh in Education Strategic Plan (WESP). The WESP is monitored via the Blaenau Gwent Education Forum (WEF) on a termly basis and presented to Scrutiny / Executive prior to the annual return to Welsh Government.

The Authority receives a capital allocation from Welsh Government that is used along with the capital receipt reserve to form a capital programme providing a range of sustainable benefits for the Authority. The funding is allocated based on departmental bids for projects. The bids are analysed and scored in line with a set of criteria that consider, amongst other things, the projects alignment with corporate and national priorities.

Review of Effectiveness:

Equality Impact Assessments are undertaken against all relevant proposals, and included within the Council's reporting template and strategic business reviews. The Annual Report to the Equality and Human Rights Commission was published and submitted within the appropriate timescales.

The Council has in place a Welsh Language Promotion Strategy and on an annual basis, prepares an Annual Welsh Language Monitoring Report, which is produced in accordance with the requirements of the Welsh Language (Wales) Measure 2011. The 2020/21 report was provided to the Corporate Overview Scrutiny Committee in September 2021. The statutory deadline for publishing the report is June each year and this deadline was achieved.

It is a statutory responsibility for the Corporate Director of Social Services to assess the effectiveness of the delivery of Social Services and produce an Annual Report. The Annual Report contributes to and forms part of the Annual Council Reporting Framework (ACRF). The report of the Corporate Director of Social Services 2019/20 was presented to the Social Services Scrutiny Committee in July 2021 and the 2020/21 report in October 2021. As part of legislative amendments made as part of the response to the global pandemic and due to the unprecedented challenges facing everyone at this time there was no requirement to submit performance data by the Corporate Director of Social Services until September 2021. The Council has now submitted all of its required performance reporting for Social Services to Welsh Government.

The Transformation Programme to support the continued development of a 'seamless system' of care, support and wellbeing in Gwent, in response to the Welsh Government's new long term plan for health and social care, 'A Healthier Wales', has seen progress across the four identified programmes with evaluation reports demonstrating both financial efficiencies and improved wellbeing outcomes for citizens have been achieved.

Strong progress continues to be made on the Council's Welsh Education Strategic Plan (WESP), including approval to establish a new 210 place Welsh medium primary school and associated childcare facility in the Tredegar area.

Compassionate Communities is also part of the Transformation Programme that aims to improve the well-being of people across Gwent. Work includes the development of IAA outreach across the Compassionate Communities within 11 GP practices and also at community and acute hospital sites, where initial positive outcomes have been reported. Compassionate Communities also include Community Connectors actively participating in Multi-Disciplinary Team Discussions and Hospital discharge follow up phone calls.

Recommendations for Development:

- Continued implementation and mainstreaming of the Welsh Language Standards across all areas of Blaenau Gwent.
- Development of a new Corporate Plan 2022 to 2027.
- Review of the business planning framework and priorities linked to the development of the Corporate Plan
- Continue to support the collective and individual body duties under the Well-being of Future Generations Act.
- Implementation of requirements under the Local Government and Elections (Wales) Act 2021
- To implement the new code of practice in relation to the performance and improvement framework of Social Services in Wales.

Core Principle D
Determining the interventions necessary to optimise the achievement of the intended outcomes.

How we do this:

The Authority has strengthened its Performance Management Framework to ensure a consistent approach and accountability for performance improvement. This process has been aligned to the Risk Management Framework to provide one approach for data collection and monitoring.

A Strategic Commercial and Commissioning Board as well as an Operational Officer Group has been established to provide oversight and scrutiny of the Council's commercial; activities, primarily commissioning, procurement, investments and trading. The board provides challenge with regards to the merits of each spending proposal and contracts over £75k and ensures a consistent approach to spending in line with the objectives of the Authority. The Operational Group reviews contracts below £75k.

The corporate reporting format has been designed to guide officers and members to consider the key implications of any proposals put forward. The report has defined areas for considering options appraisal, risk, staffing and financial impact, along with the contribution to the Sustainable Development Principles. A recent addition to the template is an integrated assessment section which combines the Equalities Impact Assessment with the Socio Economic Impact Duty. This assists in the process for making informed and transparent decisions and ensures the links between budget and planning are considered as well as legislative requirements.

Review of Effectiveness:

The Authority presents the Joint Report to the Corporate Overview Scrutiny Committee (from 2022 onwards the Corporate Overview and Performance Scrutiny Committee) and Executive Committee on a six monthly basis. This report highlights key messages, performance information, workforce information, financial analysis, Strategic Business Reviews progress, Audit Wales proposals for improvement and directorate and corporate risks. Throughout the Covid-19 pandemic the reporting of the Joint Report was put on hold, although the Council did produce its annual assessment of performance within the required timescales. Corporate Leadership Team agreed for business plans to be completed to provide an end of year position statement as part of the Joint Report which was presented to Members in July 2021.

Self-evaluation arrangements are in place and continue to be refined, requiring each service area to consider how its activities contributed to the achievement of its intended outcomes and support the Council to achieve its goals. The process enables us to gather and use good quality information to better understand how we are performing. Following the introduction of the Local Government and Elections (Wales) Act 2021, the Council is required to undertake a corporate self-assessment at least once on an annual basis. The Council has used its current business planning process to gather evidence as well as identifying a number of key documents to reference. This will be the first iteration of the new self-assessment process and it is expected that amendments to the process will be made following the first year of completion.

The remit of the Strategic Commercial and Commission Board focuses on the strategic direction of the Council's commercial activities including the commissioning and procurement of the organisations third party spend.

Recommendations for Development:

- Undertake a Corporate Self-Assessment as part of the Local Government and Elections (Wales) Act 2021
- Review of the business planning process and review of business plans aligned to the new Corporate Plan.

Core Principle E
Developing the entity's capacity, including the capability of its leadership and the individuals within it.

How we do this:

Blaenau Gwent had 42 elected members who collectively make up the decision making body for the Authority. From May 2022 the number of elected members reduced to 33. This is complemented by an officer structure of trained and experienced people.

Most policy decisions are developed by the Executive Committee, which comprises the Leader and four Members with individual portfolio responsibilities. The portfolios were agreed at the Annual General Meeting (AGM) of the Council in May 2022.

In addition to the Executive Committee, the Authority's Committee structure also comprises three decision making Committees (1 x Planning and 2 x Licensing), four Scrutiny Committees, a Standards Committee, a Democratic Services Committee and a Governance and Audit Committee.

Members are appointed to these Committees, each of which is supported by relevant officers. Payments to Members who are in positions which attract a senior salary are in line with the determinations of the Independent Remuneration Panel for Wales.

There are four statutory posts in place namely the Head of Paid Service, the Monitoring Officer, the Head of Democratic Services and the Section 151 Officer. These are satisfied by the appointments of the Chief Executive, the Head of Legal and Compliance, the Head of Governance and Partnerships and the Chief Officer - Resources, respectively. These post holders are charged with ensuring elected Members receive appropriate advice.

There are two further officer roles, namely, the Corporate Director of Education and the Corporate Director of Social Services who undertake statutory functions for Education and Social Services respectively. Two more officer roles are taken up by the position of Corporate Director of Regeneration and Community Services and the Chief Officer – Commercial and Customer. During 2021 there were changes to the CLT with the appointment of a new

Corporate Director of Education and a new Chief Officer –Commercial and Customer. A recruitment exercise to fill the position of Corporate Director of Regeneration and Community Services is currently underway.

The Authority has a clear set of strategic outcomes, supporting actions and competencies which relate to service delivery. Both Members and Officers receive appropriate training to enable them to develop / enhance the necessary skills to fulfil their roles.

A Performance Coaching Scheme exists for Officers and a Personal Development Review Scheme (PDRs) and Competency Framework for Members to ensure an appropriate level of competency and to identify any further training needs or continuous professional development requirements that are required for the job role, or to prepare them for future roles. Most officer posts have a detailed job description and person specification, and selection is made through a robust recruitment process to meet the specific skills and competencies of the post.

Role descriptions for Members are established and include specific role descriptions for senior member roles. These are included within the Constitution.

Review of Effectiveness:

In November 2018 the Council received its Level 1 Wales Charter for Member Support and Development awarded by the Welsh Local Government Association, recognising the Authority's good practice in this area. The Member Development Strategy was updated as part of this process. A Member Induction Programme had been prepared for implementation following the local election in May 2022 and training is ongoing in line with the programme. Procedures for Member Personal Development Reviews (PDR) are in place. The PDR process has been enhanced with the development of a Members Competency Framework which was considered and approved at the AGM in May 2018. This process is mandatory for all senior salary holders and offered to all members. A review of this framework is to be undertaken for delivery with the newly elected members post May 2022.

A Corporate Leadership Team (CLT) operates within the Authority, consisting of the Chief Executive, supported by departmental Directors and Chief Officers. These meetings are minuted and key information is disseminated to all officers through an established reporting structure.

The Authority monitors performance reviews through the management structure, feeding concerns up to CLT as appropriate. There is an established Engagement and Consultation Framework agreed with and in place for Trade Union involvement which has been reviewed and updated with them in 2020. An Engagement Strategy 2018/22 was introduced during 2018 which includes community, stakeholder, staff and member engagement. This Strategy is to be updated to reflect the participation aspects of the Local Government and Elections (Wales) Act 2021.

In house, on the job training continues and essential external training is undertaken. Managers and staff have the ability to discuss capability and capacity issues as part of the performance review process.

Two members of staff were the subject of the capability process during the period April 2021 – March 2022, both cases were resolved during the period.

Six internal grievance procedures were instigated between April 2021 and March 2022. Five of these were closed by the end of the year, with one case ongoing. A collective grievance was raised concerning 55 employees, this remained open as at 31 March 2022.

A new Leadership Development Programme was planned for the end of 2020, but progress was delayed due to the pandemic.

Recommendations for Development:

- Develop and implement a new Leadership Development Programme.
- Undertake a review of the PDR / CR for members
- Undertake a review of the mentoring scheme for members
- Development of a new Engagement Strategy

Core Principle F
Managing risks and performance through robust internal control and strong public financial management.

How we do this:

The Authority has in place a Risk Management Framework that includes a Risk Management Strategy and a Risk Management Handbook. The risk management arrangements are set out in the Performance Management Framework and are aligned to the corporate business planning process. These set out the risk appetite of the Council and provide a methodology to ensure the consistent assessment / prioritisation of the risks the Authority faces and any mitigating actions.

The Authority continues to produce the Joint Report which highlights progress in relation to finance, performance and risk.

The Council has an adopted corporate policy in place to deal with complaints. A review of monitoring complaints has been undertaken and new processes and nominated officers have been identified.

A Governance and Audit Committee has been established in line with the requirements of the Local Government (Wales) Measure and the Local Government and Elections Act, receiving reports from internal and external regulators on the internal control environment, risk and governance. The Committee provides appropriate challenge and seeks assurance in line with its terms of reference that are laid in the constitution.

As a Local Authority it is vital in the work that we undertake that we collect and process personal information in order to fulfil our obligations and perform many of our day-to-day operations. In May 2018 the GDPR came into force and made significant changes to how the Authority handles personal information and placed many additional obligations on organisations. A project team was created at the time to manage the work needed to ensure the Authority was compliant with this new legislation which has since been disbanded but the

work to ensure continued compliance is ongoing through the work of the Information Governance Forum (IGF) that is chaired by the Senior Information Risk Owner (SIRO) and supported by the Authority's Data Protection and Governance Officer which is a mandatory role within the legislation. Following Brexit the GDPR legislation has since become known as UK GDPR and currently remains identical to the EU GDPR although some changes are currently proposed and out for consultation.

Whilst implementing GDPR in 2018 the Council implemented an Information Asset Owner structure in order to be compliant with the legislation and ensure that there are clear defined lines of responsibility towards information assets owned by the Council. Information Asset Registers are in place for each area of the Council and regularly reviewed to ensure that there is corporate oversight of all key information systems and to risk assess these in terms of the confidentiality, integrity and availability.

In addition to the Information Asset Registers the Council also adhered to an additional obligation under GDPR to create a Record of Processing Activities for all departments. This document provides the ability to drill down to the necessary level of detail required under GDPR to identify when the Council collects and processes personal information, why it is doing this, what legally permits it to do this etc.

The Council also has a suite of Information Governance and Security policies and procedures that are regularly reviewed to manage and ensure compliance with its statutory duties

Review of Effectiveness:

The Authority's key governance systems continue to be risk assessed and included in the annual audit plan. One key governance system was subject to an internal audit during 2021/22, namely Corporate Safeguarding, the findings of this audit will be reported to the Governance and Audit Committee during 2022/23. Seven follow-up audits were completed during 2021/21 with 90% of agreed actions found to be completed after six months. A review and update of the Anti-Bribery, Fraud and Corruption Policy is ongoing.

During 2022 the Council is reviewing its governance and oversight arrangements in respect of other companies in which it has an interest to ensure the arrangements are adequate and effective.

The Risk Management Strategy and Handbook were reviewed and adopted by Council in February 2018. The Professional Lead – Risk and Insurance advises Departmental Management Teams and CLT to facilitate challenge / discussions on directorate risks. This has resulted in a more consistent approach to risk evaluation and reporting becoming embedded across the Council.

The highest level risks faced by the Authority are recorded on the Corporate Risk Register. The main risks facing the Authority during the period were:

Risk Description	Potential Impact

Failure to deliver and sustain the changes required to ensure that vital services are prioritised within the financial constraints faced by the Council.	Vital services will not be protected if the Council fails to find more efficient ways of working and improvements to social, economic and environmental well-being of the areas will not be achieved.
Failure to ensure adequate safeguarding arrangements are in place for people and children at risk in Blaenau Gwent.	Potential significant harm or loss of life. Long term reputational damage and confidence in the Council undermined.
The school currently in receipt of Council Intervention fails to make appropriate progress against the Statutory Warning Notice to Improve and their Post Inspection Action Plans.	Potential impact is on the learning progress made by children at the school. Implementation of statutory interventions available under the provisions set out in the School Standards and Organisation Act Wales 2013 i.e. implementation of additional grounds.
There is a risk that exiting the EU will have an adverse impact at a national and local level.	Impact on the community and on the Council and its ability to deliver public services.
Failure to improve staff attendance rates within the Council.	Unacceptable impact on the ability of the Council to deliver services effectively and financially support the cost of sickness absence.
Failure of the Council to manage its information assets in accordance with requirements set down within legislation.	Financial penalties and possible sanctions that hinder service delivery.
Increasingly complex needs and demand for services provided by Social Services and Education, in particular for Looked After Children.	Further significant pressure on the Council's budget.
The Financial resilience of the council could be at risk if the council does not ensure that financial planning and management decisions support long term stability and sustainability.	Inability to deliver effective services/ lower quality services provided. Unplanned reduction of services provided.
The on-going COVID 19 pandemic presents a continued risk to service delivery.	Potential for disruption to be on a medium / long term basis as a result of pandemic.
Identified staffing pressures in Social Services.	Inability to deliver services particularly in Provider Services and Domiciliary Care.

A copy of the full Corporate Risk Register can be obtained from the Risk Management and Insurance Section.

All Strategic Business Review projects are risk assessed using the Corporate Risk Management Framework. Decisions on managing those risks are agreed and monitored as part of the project management arrangements that are in place.

All Data Protection Impact Assessments are approved by the Data Protection & Governance Officer to ensure that there are effective controls in place to mitigate the risk of a Data Protection Breach. Where a Data Protection Incident is reported, the Data Protection &

Governance Officer will investigate the cause and review the responsible service area controls to ensure they are effective. The Data Protection & Governance Officer, Information Governance Forum and the Council's Senior Information Risk Officer (SIRO) review the Council's information governance arrangements to ensure they are fit for purpose.

Recommendations for Development:

- To assess and demonstrate its compliance with the Local Government Measure and the aims and objectives of the Council, the annual report of the Governance & Audit Committee will be produced summarising the year's activity and evidencing their responsibilities as part of the governance arrangements.
- Regular review of Risk Management arrangements to ensure they remain fit for purpose and are implemented consistently.
- Conclude the review of the Anti-Fraud, Anti-Corruption and Anti-Bribery Policy and update as appropriate
- Continued inclusion of key governance systems in the internal audit plan to ensure key elements of the governance framework are prioritised and examined annually.
- A working group has been established to review governance and oversight arrangements in respect of companies in which the Council has an interest. The results of the review will be reported accordingly.

Core Principle G
Implementing good practices in transparency, reporting, and audit, to deliver effective accountability.

How we do this:

Decision making processes for both Officers and Members are set out in the Constitution. Boundaries are clearly defined and the Committee structure includes decision making, scrutiny and regulatory functions. A set of Financial Procedure Rules and Contract Procedure Rules have been adopted to ensure consistency, transparency and value for money in financial management and procurement. The Chief Officer Resources ensures the Authority's financial management arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016). An annual Statement of Accounts is produced and presented to Members for scrutiny. A period of public consultation is held where members of the public can inspect the accounts.

A Governance and Audit Committee is established that has the primary functions of reviewing financial reports and challenging governance arrangements. The Committee aims to seek assurance that the governance framework operating within the Authority is robust, effective and efficient. This is achieved in part through the Committee receiving this Annual Governance Statement. The role and scope of the Governance and Audit Committee are set out in the Constitution and align to the requirements of the Local Government and Elections (Wales) Act 2021.

The Internal Audit Service works on a risk based approach, to an annual audit plan, in order to assess the internal control environment of the Authority. The work of the section is prioritised in line with the Authority's objectives. The results of all audit work are reported to the Governance & Audit Committee who can, if necessary, call Officers to account where weak control is identified. Policies are maintained for Anti-Fraud, Anti-Corruption and Anti-Bribery, and Anti-Money-Laundering. Adherence to these is considered as part of the work of the Internal Audit function.

The Social Services Directorate is subject to audit, inspection and review by the Care Inspectorate for Wales (CIW). On a quarterly basis the Corporate Director of Social Services and Heads of Adult and \Children's Services meet with CIW to discuss achievements, performance and key challenges. The Directorate is scrutinised by the Social Services Scrutiny Committee (People Scrutiny Committee from 2022). Regular liaison meetings are held with the Directorate, the Executive Member and the Chair and Vice Chair of the Scrutiny Committee.

The Social Services and Well-Being (Wales) Act 2014 places a statutory duty on all local authorities to produce an annual report on the discharge of its social services functions. The Council's arrangements to meet their safeguarding responsibilities are scrutinised by the Joint Education & Learning and Social Services (Safeguarding) Scrutiny Committee (People Scrutiny Committee from 2022). The Committee exists to monitor and challenge, in order to make improvements and ensure the Council's safeguarding processes are effective. In early 2022 Audit Wales informed the Council that they would be undertaking a review of the Council's Safeguarding Arrangements, the result of which is expected late 2022.

Council meetings are held open to the public and minutes are published on the Authority's website. Since the global pandemic, arrangements for holding democratic meetings have been considered to ensure that the arrangements remain fit for purpose. As part of this, the Council introduced Microsoft Teams to support virtual meetings. All Elected Members were issued with laptops, enabling virtual meetings to be held. Each democratic meeting is recorded live and then uploaded onto the website. In future, 'Teams Live' will be used to livestream Council meetings, with consideration of other meetings also. As part of the closure of the Civic Centre in Ebbw Vale, the General Offices have been identified as the new democratic hub for the Council which includes a Chamber with a new hybrid delegate system This system is functional with Microsoft Teams and provides a hybrid meeting function to adhere to the remote meeting requirements as part of the Local Government and Election Act. All democratic meetings are now offered on a hybrid basis, with a Multi-Location Meeting Policy to be developed to formally establish these arrangements moving forward. The Council continues to fulfil its obligations under the Freedom of Information Act and provide information to requestors wherever possible in the interests of transparency. In addition, requests under GDPR legislation for access to information held on a person are also fulfilled in line with the legislation. Response rates for fulfilling the requirements here are reported regularly to CLT.

Review of Effectiveness:

The Council strives to ensure continuous improvement in the delivery of its services through its improvement planning process and the Performance Management Framework. It has strengthened these arrangements to align them with risk management and the Well-being of Future Generations (Wales) Act 2015 as well as identifying levels of accountability.

The remit of the Wider Corporate Leadership Team (WCLT) is to effectively support the CLT in its role of providing strategic direction to the organisation. It is a forum to disseminate information and communicate messages ensuring a one council approach as well as networking with colleagues and peers and providing personal development opportunities.

A performance management system, utilised by the whole Council is in place which incorporates the majority of the Councils business planning and performance arrangements, so that we have one place for information management and monitoring. The system works to avoid duplication and to provide a consistent approach across the Council. The system includes statutory monitoring as well as business plans, self-evaluations, risk, business continuity, performance indicators and sustainable development. A review of this system is to be undertaken linked to the development of the new Corporate Plan.

The Authority's assurance arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit. The service underwent an external quality assessment during 2016/17 that found the service to conform to the Public Sector Internal Audit Standards. The next external assessment is currently underway.

Internal Audit Services issued 45 audit opinions during the year.

Audit Grading	No of audits
Full Assurance	12
Reasonable Assurance	13
Limited Assurance	6
No Assurance	1
Non-graded	13

The number of audits undertaken and the proportions of grades for the period align to pre-pandemic trends. For 2021/22 there were no patterns / trends to the audit outcomes that indicated particular areas of concern and no individual findings of such significance to cause concern regarding the integrity of the Statement of Accounts. The overall audit opinion on the adequacy of the internal control environment continued to reflect Reasonable Assurance across the council. Members of WCLT continue to receive periodic reviews of Internal Audit findings to ensure appropriate corrective action is taken to maintain and / or improve internal controls.

The Authority received and processed 863 Freedom of Information requests between 1st April 2021 and 31st March 2022. Services responded to 93.9% within the 20 working day requirement. This is an improvement on the level attained the previous year increasing from 86.59%.

Recommendations for Development:

- Managers to implement the actions identified to address weaknesses highlighted by Internal Audit. Meetings are undertaken with members of the Wider Corporate Leadership Team, in addition to responsible Officers, and timescales are set for implementation. Managers to ensure systems for which they have responsibility have robust internal controls to further improve the integrity of the Authority's processes.
- Conclude the review of the Anti-Fraud, Anti-Corruption and Anti-Bribery Policy to ensure it remains fit for purpose.

- Internal Audit to undergo an external peer review
- Development of a Multi-Location Meeting policy

Significant Governance Issues

We have been advised on the implications of the results of the review of the effectiveness of the governance framework, and that the arrangements continue to be regarded as fit for purpose subject to the significant governance issues to be specifically addressed as outlined below:

Issue	***Action***	***Responsible Officer***
The uncertainty around the current and future economic impact of: • Cost of Living Crisis • Covid-19 • the exit from the European Union • WG future financial settlements Ongoing uncertainty around the medium to long term impact of these may pose significant challenges for the Council and it will be critical for the Council to demonstrate that it has appropriate governance arrangements in place to manage its financial position.	Financial monitoring will continue to be undertaken and reported regularly into Scrutiny and Executive Committee via the quarterly portfolio budget forecast reports. To ensure the Council's financial resilience the Council intends to continue with its bridging the gap programme which will identify a number of strategic business reviews which will focus on its core functions including: • Maximising income • Maximising resources • Demand management • Maximising technology and data Within this framework the Authority will be looking at ways to achieve savings whilst mitigating the impact on services.	Chief Officer Resources
The Statement of Accounts for the	The implementation of the new asset register is	Chief Officer Resources

2021/2022 financial year have not been completed and are not expected to meet statutory deadlines. Delays have occurred due to the need for correction of historic cost records of assets alongside the implementation of a new asset register.	ongoing and historic cost records will be accurately recorded in the new system. Completion of this exercise will impact positively on the production of future statements of accounts.	

Whilst there remain some areas that require development or further improvement, in considering the governance framework and its application as detailed in this statement, we are of the opinion that the governance arrangements in place for Blaenau Gwent County Borough Council are effective and remain fit for purpose, providing an adequate level of assurance for the Council.

(signed)……

Councillor Steve Thomas

Leader of the Council

September 2022

(signed)…….

Rhian Hayden

Chief Officer Resources

September 2022

(signed)…….

Damien McCann

Interim Chief Executive Officer

September 2022

Appendix A

Audit, regulatory and inspection work reported during 2021/22

Audit Wales Local Reports: -

Audit of Blaenau Gwent County Borough Council's assessment of 2020-21 performance (Local Report) (Issued November 2021)	
Report findings:	
Ref 134	Certificate of Compliance
Blaenau Gwent County Borough Council Annual Audit Summary 2021 (Local Report) (Issued January 2022)	
Recommendations for Improvement	
Ref 136	Summary of the audit work undertaken throughout the year.
Procurement related to Motor Resort Wales (Local Report) (Issued February 2022)	
Report findings:	
Ref 140	The Council needs to assure both itself and the Auditor General for Wales, as the Council's external auditor, that it will tighten up its internal control procedures and can demonstrate appropriate record keeping and compliance with the CPR. We understand that Internal Audit have been engaged with these issues and suggest that they take these concerns forward, through some focused work in this area, to determine how widespread these issues are.
Deficiencies in Blaenau Gwent County Borough Council's governance and oversight arrangements in respect of a Council-owned company, Silent Valley Waste Services Limited (Local Report) (Issued January 2022)	
Recommendations for Improvement	
Ref 138	The Council should commission a review to seek assurance that its governance and oversight arrangements in respect of other companies in which it has an interest are adequate and effective, and that the deficiencies identified in this report are not more widespread.

National Reports: -

At Your Discretion - Local Government Discretionary Services (National Report) (Issued April 2021)	
Recommendations for Improvement	
Ref 125	Report received for information only
Joint Working Between Emergency Services (National Report) (Issued January 2022)	
Report findings:	
Ref 137	Report received for information only

Details of progress against these proposals can be obtained from the Governance and Partnerships Department.

Appendix B

Recommendation for Improvement made in the 2020/21 Annual Governance Statement	Action Undertaken during 2021/22	Further Action Required
Core Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.		
Continued adherence to the Authority's policies and procedures which exist to guide Members and Officers to comply with the Council's expectations in terms of acting with integrity.	A risk based audit plan was operated for 2021/22 which included examination of the Authority's policies and procedures.	
To evidence robust application of the Authority's Code of Conduct, an Internal Audit review of the declarations of interest process will be concluded	An audit of compliance with Declarations of Interest was conducted and found to be Limited Assurance .	A follow-up Audit of Declarations will be conducted to evidence whether improve has been made.
In line with good practice, an annual review (as a minimum) of the Constitution and Scheme of delegation to ensure the Authority's governance and decision making processes remain fit for purpose	Awaiting the model Constitution and then making amendments for specific BG areas.	Awaiting the model Constitution and then making amendments for specific BG areas
Continued application of the Members Performance Development Review scheme and competency framework	The Members PDR scheme continues to be applied.	Undertake a review of the members PDR/CF and embed with newly elected members in 2022.
Continued application of the Officers Performance Review Scheme.	The Officer Performance Review Scheme has been applied throughout 2021/22	
Audit plans for future years will include testing a range of policies and procedures.	The 2021/22 audit plan included a range of policy and procedure audits.	Future audit plans will continue to include a range of policy and procedure audits
Core Principle B – Ensuring openness and comprehensive stakeholder engagement.		
Monitor progress of the Local Well-being Plan	The progress of the local Well-being plan has continued to be monitored.	Continue to monitor the progress of the local Well-being plan up until 2023. Contribute to the development of the regional PSB well-being plan.
Continued implementation of the Council's Engagement Programme as	The engagement programme has been reviewed to consider the impacts of the pandemic.	Review and development of a new Engagement Strategy.

part of the Engagement Strategy.	Arrangements moving forward have been agreed by CLT.	
Core Principle C – Defining outcomes in terms of sustainable economic, social, and environmental benefits.		
Continued implementation and mainstreaming of the Welsh Language standards across all areas of Blaenau Gwent.	This is ongoing and updates included within the annual report.	Ongoing
Continue to support the collective and individual body duties under the Well-being of Future Generations Act.	Ongoing including work to embed the Local Government and Elections (Wales) Act 2021	
Implement the new code of practice in relation to the performance and improvement framework of social services in Wales.	This was delayed due to the pandemic however progress has been made throughout 2020/21 and a performance return has been made to WG.	Continued implementation of the new code of practice in relation to the performance and improvement framework of Social Services in Wales
Core Principle D – Determining the interventions necessary to optimise the achievement of intended outcomes.		
Review of the self-evaluation process.	The Council has agreed to utilise the business planning framework to undertake its Corporate Self-Assessment. A self-assessment template has been agreed by CLT which includes the Corporate Plan Priorities as well as requirements as part of the Well-being of Future Generations (Wales) Act 2015 and the Local Government and Elections (Wales) Act 2021.	Undertake the Corporate Self-Assessment and seek approval in 2022 aligned to the requirements of the Local Government and Elections (Wales) Act 2021.
Reinstatement of business planning cycle.	The Business Planning cycle was delayed due to pandemic. Business planning leads completed a summary at the end of 2021.	A template will be devised and the business planning cycle fully reinstated during 2022/23
Core Principle E – Developing the entity's capacity, including the capability of its leadership and the individuals within it.		
Develop and implement a new Leadership Development Programme	This was delayed due to the pandemic.	Develop and implement a new Leadership Development Programme
Core Principle F – Managing risks and performance through robust internal control and strong public financial management		
Regular review of Risk Management arrangements to ensure they remain fit for	The review of the Risk Management arrangements	Risk Management Strategy to be reviewed in 2022/23

purpose and are implemented consistently.	has been delayed due to staffing changes.	
Conclude the review of the Anti-Fraud, Anti-Corruption and Anti-Bribery Policy and update as appropriate.	The review of the Anti-Fraud, Anti-Corruption and Anti Bribery Policy has been delayed due to staffing changes.	Anti-Fraud, Anti-Corruption and Anti Bribery Policy to be reviewed in 2022/23
Continued inclusion of key governance systems in the internal audit plan to ensure key elements of the governance framework are prioritised and examined annually	The risk based audit plan for 2021/22 has prioritised a number of key governance systems for audit during the year.	
Core Principle G – Implementing good practices in transparency, reporting, and audit, to deliver effective accountability		
Managers to implement the actions identified to address weaknesses highlighted by Internal Audit. Meetings are undertaken with the Wider Corporate Leadership Team, in addition to responsible Officers, and timescales are set for implementation. Managers to ensure systems for which they have responsibility have robust internal controls to further improve the integrity of the Authority's processes.	Internal audit reports have been subject to follow up review where they are graded Limited Assurance or No Assurance	
Conclude the review of the Anti-Fraud, Anti-Corruption and Anti-Bribery Policy to ensure it remains fit for purpose.	The review of the Anti-Fraud, Anti-Corruption and Anti Bribery Policy has been delayed due to staffing changes.	Anti-Fraud, Anti-Corruption and Anti Bribery Policy to be reviewed in 2022/23

Executive Committee and Council only
Date signed off by the Monitoring Officer:
Date signed off by the Section 151 Officer:

Committee:	**Governance and Audit Committee**
Date of meeting:	**21st September 2022**
Report Subject:	**Quality Assurance Improvement Programme**
Portfolio Holder:	**Cllr Steve Thomas – Leader, Executive Member Corporate Overview & Performance**
Report Submitted by:	**Richard Jenkins – Senior Auditor**

Reporting Pathway								
Directorate Management Team	**Corporate Leadership Team**	**Portfolio Holder / Chair**	**Governance & Audit Committee**	**Democratic Services Committee**	**Scrutiny Committee**	**Executive Committee**	**Council**	**Other (please state)**
	Virtual		21.09.22					

1. **Purpose of the Report**

1.1 The purpose of this report is to present the Governance and Audit Committee with a formalised document that incorporates all Internal and External Assessments into one Quality Assurance Improvement Programme for the Internal Audit Service (attached at Appendix A) for consideration and agreement.

2. **Scope and Background**

2.1 The report provides the Quality Assurance and Improvement Programme, in accordance with the Public Sector Internal Audit Standards.

2.2 The Public Sector Internal Audit Standards (PSIAS) came into force from 1st April 2013. The Standards have been adopted by the Internal Audit Service and guide the procedures and processes by which the Section operates.

2.3 The PSIAS includes Performance and Attribute Standards that the Authority is required to meet. Attribute standard 1300 - Quality Assurance and Improvement Programme (QAIP) states that: '*The Chief Audit Executive must develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit activity.'*

2.4 In accordance with the PSIAS, the QAIP must include both internal and external assessments. Internal assessments includes on-going monitoring of the performance of the internal audit activity, this forms part of the day-to-day supervision, review and measurement of the internal audit activity. The Governance and Audit Committee receive quarterly reports on the progress of the Section.

2.5 External assessments must be undertaken at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. Blaenau Gwent was subject to an external assessment during 2017 with the next external assessment due in 2022. The 2022 assessment is currently in progress, the results of which will be reported to the Committee upon completion.

3. **Options for Recommendation**

3.1 The Governance and Audit Committee consider the attached Quality Assurance and Improvement Programme to ensure it is fit for purpose and in compliance with the PSIAS.

Option 1
Approve the QAIP in line with good practice and the requirements of the Public Sector Internal Audit Standards (PSIAS).

Option 2
Propose amendments / alterations to the QAIP

Option 3
Do not approve the QAIP.

4. **Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan**

4.1 The Local Government Act (1972) and the Accounts and Audit Regulations (Wales) 2014 require the Council to maintain an effective Internal Audit Service in accordance with proper internal audit practices. The Authority's Internal Audit Service has adopted the Public Sector Internal Audit Standards (PSIAS) for this purpose.

5. **Implications Against Each Option**

5.1 ***Impact on Budget (short and long term impact)***
There are no direct financial implications arising from production of the QAIP.

5.2 ***Risk including Mitigating Actions***
Options 1 and 2 will facilitate the Internal Audit Section to achieve compliance with the PSIAS.

Option 3 would result in non-compliance with the PSIAS for the Section and the S151 Officer will be unable to discharge her statutory duty of maintaining an effective Internal Audit Service.

5.3 ***Legal***
Provision of an adequate audit service contributes to the Section 151 Officer being able to fulfil her statutory duties under the Local Government Act (1972).

5.4 ***Human Resources***
Compliance with the QAIP will be met from ongoing work of the Internal Audit Section. The commitment is met from existing resources.

6. **Supporting Evidence**

6.1 ***Performance Information and Data***
The production of the QAIP is in compliance with the PSIAS.

Internal Audit maintains appropriate on-going quality assurance arrangements designed to ensure that internal audit work is undertaken in accordance with relevant professional standards.

6.2 ***Expected outcome for the public***
An effective Internal Audit Service and Governance & Audit Committee will assist with the stewardship of public money providing assurance to the communities of Blaenau Gwent on the robustness of the Authority's internal controls.

6.3 ***Involvement (consultation, engagement, participation)***
The Governance & Audit Committee are consulted on the compilation of the QAIP.

6.4 ***Thinking for the Long term (forward planning)***
The work of Internal Audit is intended to provide advice and guidance on system improvements resulting in an improved control environment for the future of the Authority.

6.5 ***Preventative focus***
The provision of a QIAP sets out the Internal Audit Sections compliance with this element of the PSIAS and how this is achieved.

6.6 ***Collaboration / partnership working***
The work of Internal Audit includes placing reliance on audits led by other local authorities and cross departmental reviews.

6.7 ***Integration (across service areas)***
The work of Internal Audit aims to provide assurance on the whole of the Authority's control environment.

6.8 ***Decarbonisation and Reducing Carbon Emissions***
There are no direct implications arising from the production of the QAIP.

7. **Monitoring Arrangements**

7.1 In accordance with the PSIAS, the results of the quality and assurance programme will be reported in the annual report. The results of the External Assessment will be due during the financial year and will be brought to this Committee once finalised. Ongoing Internal Assessments of progress are provided to the Governance and Audit Committee throughout the year with Performance Indicators provided as part of this progress monitoring.

Background Documents / Electronic Links

- Appendix A – Quality Assurance Improvement Programme

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Blaenau Gwent

County Borough Council

Internal Audit Quality Assurance and Improvement Programme (QAIP)

Blaenau Gwent County Borough Council

Contents

Page Number	Details
3.	Introduction
3.	Purpose of the Programme
4.	Internal Assessment
	- On-going reviews
	- Periodic Reviews
	- Annual Reviews
6.	External Assessment
7.	Reporting on Quality and Improvement Programme
7.	Conclusion

1. Introduction

1.1. The Public Sector Internal Audit Standards (PSIAS) came into force from 1st April 2013 and have been revised periodically thereafter, most recently in 2019. The standards apply the Institute of Internal Auditors' (IIA) International Standards to the UK public sector. The Authority therefore has a duty to meet the requirements of the PSIAS through its work.

1.2. The PSIAS refer to the following terms and require that they are defined. Listed below are the three terms referred to in the standards, along with the officer / body that undertakes the role on behalf of Blaenau Gwent County Borough Council.

- *Chief Audit Executive* – Audit and Risk Manager,
- *The Board* – Governance and Audit Committee,
- *Senior Management* – Corporate Leadership Team.

1.3. The PSIAS includes mandatory Performance and Attribute Standards that the Authority is required to meet. Performance Standards describe the nature of internal auditing and provide quality criteria against which the performance of these services can be measured whilst Attribute Standards address the attributes of an organisation and individuals performing internal auditing.

1.4. Attribute standard 1300 relates specifically to a Quality Assurance and Improvement Programme (QAIP). It directs the Authority that:

'*The Chief Audit Executive must develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit activity.'*

2. Purpose of the Programme

2.1. Internal Audit's QAIP is designed to provide assurance that Internal Audit:

- Performs its work in accordance with its own Charter,
- Operates in an efficient and effective manner,
- Is adding value and continually improving its operations.

2.2. Internal Audit's QAIP will therefore cover all aspects of the Internal Audit activity. In particular, it will meet and cover the following activities and Standards:

- Monitoring the Internal Audit activity to ensure it operates in an effective and efficient manner (Attribute Standard 1300),
- Assuring compliance with the Standards, and Code of Ethics (Attribute Standard 1300),
- Helping the Internal Audit activity add value and improve organisational operations (Attribute Standard 1300),
- Include both periodic and on-going internal assessments (Attribute Standard 1311),

- Include an external assessment at least once every five years, the results of which are communicated to the Board (Attribute standards 1312, 1320).

2.3. Internal assessments must include on-going monitoring of the performance of the internal audit activity. This is part of the day-to-day supervision, review and measurement of the internal audit activity. On-going monitoring is incorporated into the routine practices used to manage the internal audit activity and uses processes, tools and information considered necessary to evaluate conformance with the Definition of Internal Auditing, the Code of Ethics and the Standards.

2.4. External assessments must be undertaken at least once every five years by a qualified, independent assessor or assessment team from outside the organisation.

3. Internal Assessment

Internal Assessment is made up of on-going reviews, periodic reviews and annual reviews:

3.1. On-going reviews

3.1.1. Blaenau Gwent Internal Audit maintains appropriate on-going quality assurance arrangements designed to ensure that internal audit work is undertaken in accordance with the PSIAS. These arrangements include:

3.1.2. Audit Level

- The maintenance of a detailed audit flowchart and quality management system to ensure compliance with applicable planning, fieldwork and reporting standards.
- The objectives, scope and expected timescales for each audit assignment subject to agreement with the client before detailed work commences;
- The results of all audit testing work documented using appropriate working papers;
- Documented review of working papers by the Professional Lead – Internal Audit or the Audit and Risk Manager and sign-off of each stage of the audit process to ensure that:
  - All work undertaken complies with the requirements of professional best practice and appropriate audit techniques have been used;
  - Audit files are complete and properly structured;
  - The objectives of the audit have been achieved;
  - Appropriate levels of testing have been carried out;
  - The findings and conclusions are sound and are demonstrably supported by relevant, reliable and sufficient audit evidence
  - The final audit report is complete, accurate, objective, clear, concise, constructive and timely.
- Regular 1:2:1 meetings to monitor progress with audit assignments in addition to corporate elements such as capability, competence and training needs.
- Customer satisfaction phone calls are undertaken by the Professional Lead – Internal Audit or the Audit and Risk Manager following each final audit report to obtain

feedback on the performance of the auditor and on how the audit was received and if value was added.

- Final reports and identified weaknesses are reviewed and approved by the Audit and Risk Manager.

The results of the on-going quality assurance arrangements at an assignment level are reported in the regular progress reports and annual report to the Governance and Audit Committee.

3.1.3. Annual Activity

- The Internal Audit annual plan is produced using a risk based approach,
- The Internal Audit Charter provides stakeholders with a formally defined purpose, authority and responsibility of the Internal Audit activity as well as formalising the Code of Ethics for members of the Internal Audit Team,
- Continuous development of the Internal Audit Team to ensure it possesses the necessary capacity, skills and knowledge to successfully deliver the annual audit plan including:
  - Job descriptions and detailed competency profiles for each internal audit post;
  - Annual performance appraisals with individual development plans;
  - Training courses with documented training records;
  - Active encouragement of Continuing Professional Development (CPD) within the Section. In addition, as the majority of staff are professionally qualified/training, there is a personal requirement to undertake CPD in-line with their specific qualifications, on an on-going basis,
- Performance against agreed quality targets reported to Governance and Audit Committee on a quarterly basis.

3.2. **Periodic Reviews**

3.2.1. Periodic assessments are designed to assess conformance with Internal Audit's Charter, the Standards, Definition of Internal Auditing, the Code of Ethics, and the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders. Periodic assessments are conducted through:

- Regular activity and performance reporting to the Governance and Audit Committee and Section 151 Officer,
- Quarterly progress reports, presented by the Audit and Risk Manager to Departmental Management Teams,
- Annual self-review of conformance with the Public Sector Internal Audit Standards.

3.3. **Annual Reviews**

3.3.1. On an annual basis, the Audit and Risk Manager will update the Public Sector Internal Audit Standards (PSIAS) self-assessment checklist to demonstrate conformance with the standards.

3.3.2. The results of the PSIAS self-assessment are used to identify any areas requiring further development and/or improvement.

3.3.3. The results will also be used to evaluate overall conformance with the PSIAS, the results of which are reported to the Corporate Leadership Team and the Governance and Audit Committee as part of the annual report of the Audit and Risk Manager.

4. External assessment

4.1. At least once every five years, internal audit working practices are subject to external assessment to ensure the continued application of professional standards. This process will appraise and express an opinion about internal audit's conformance with the Standards, Definition of Internal Auditing and Code of Ethics and include recommendations for improvement, as appropriate.

4.2. The assessment is conducted by an independent and suitably qualified person or organisation and the results are reported to the Audit and Risk Manager. For Blaenau Gwent CBC, a reciprocal approach was agreed with other authorities across Wales.

4.3. The most recent external assessment is in progress, the results of which will be reported to the Corporate Leadership Team (including the Section 151 Officer), and the Governance and Audit Committee at the earliest opportunity following receipt of the external assessor's report. The external assessment report will be accompanied by a written action plan in response to any findings and recommendations contained in the report.

4.4. The external assessment process consists of a broad scope of coverage that should include – as a minimum - the following elements of Internal Audit activity:

- Conformance with the Standards, Definition of Internal Auditing, the Code of Ethics, and Internal Audit's Charter, procedures, plans, practices and any applicable legislative and regulatory requirements;
- Expectations of Internal Audit as expressed by senior management and operational management;
- Tools and techniques used by Internal Audit;
- The mix of knowledge, experiences and disciplines within the team.
- Whether Internal Audit adds value and improves the organisation's operations.

5. Reporting on Quality and Improvement Programme

5.1. Internal Assessments

On a regular basis, Internal Audit provides the Governance and Audit Committee with an Internal Audit update report summarising the audit activity undertaken during the period. This includes the following:

- Progress against the annual plan in terms of percentage of audits achieved,
- A schedule of reports issued during the period including details of the opinion provided,
- A summary of the key issues and outcomes from the work undertaken in the period including findings from any reviews reported during the period with 'Limited' or 'No Assurance'.

5.2. External Assessments

Results of external assessments will be provided to the Corporate Leadership Team and the Governance and Audit Committee.

5.3. Performance Information

The Audit and Risk Manager and the Governance and Audit Committee needs to evaluate the effectiveness and efficiency of internal audit operations. In order to do this, a range of measures and indicators have been established which are provided as a quarterly appendix to the monitoring report. The measures concerned follow guidance from the Chartered Institute of Public Finance and Accountancy (CIPFA) and are designed to appraise the performance and value of internal audit work.

6. Conclusion

6.1 Blaenau Gwent CBC's Quality Assurance Improvement Programme brings together its monitoring activities into a formal document that outlines its approach to internal and external assessments. By formalising the processes into an overarching document, Internal Audit demonstrates its compliance with the PSIAS through one approach.

6.2. In the future, any alterations to the working practices of the Section will be considered in accordance with the requirements of the PSIAS, with the QAIP updated where required.

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Executive Committee and Council only
Date signed off by the Monitoring Officer:
Date signed off by the Section 151 Officer:

Committee:	**Governance & Audit Committee**
Date of meeting:	**21 September 2022**
Report Subject:	**The Annual Letter of The Public Services Ombudsman for Wales 2021/2022**
Portfolio Holder:	**The Leader/ Executive Member Corporate Services**
Report Submitted by:	**Andrea Jones Head of Legal & Corporate Compliance**

Reporting Pathway								
Directorate Management Team	**Corporate Leadership Team**	**Portfolio Holder / Chair**	**Audit Committee**	**Democratic Services Committee**	**Scrutiny Committee**	**Executive Committee**	**Council**	**Other (please state)**
	08/09/2022		21/09/2022					

1. **Purpose of the Report**

1.1 The report is to inform Members and Officers of the Council's performance with regard to complaints to the Public Services Ombudsman for Wales.

2. **Scope and Background**

2.1 The Public Services Ombudsman for Wales (PSOW) prepares an annual letter which provides the number of service and code of conduct complaints for each Council in Wales, and compares the Council's performance with that of the average council in Wales.

2.2 In 2019, the National Assembly for Wales (now Senedd Cymru Welsh Parliament) passed the Public Services Ombudsman (Wales) Act 2019. The Ombudsman in Wales is now the first office in the UK to have full and operational powers to drive systemic improvement of public services through investigations on our 'own initiative' and the Complaints Standards role.

2.3 Since April 2019, the Complaints Standards Authority (CSA) have continued its work with public bodies in Wales. They have introduced a model complaints policy that has been adopted by local authorities and health boards in Wales and delivered 140 training session. Local Authorities have also submitted data regarding complaints to the CSA.

2.4 For the first time in the last year, the CSA has published information on complaints handling by Local Authorities which has been a key achievement for this work. The data for 2021/2022 showed:

- Over 15,000 complaints were recorded by Local Authorities
- 4.88 for every 1000 residents.
- Nearly half (46%) of these complaints were upheld
- About 75% were investigated within 20 working days
- About 8% of all complaints closed ended up being referred to PSOW

2.5 The overall number of complaints received by the Ombudsman relating to local authorities across Wales has increased by 47% compared to 2020/21

figures and are now well above pre-pandemic levels. It is likely that complaints to the Ombudsman were suppressed during the pandemic and they are starting to see the expected 'rebound' effect.

2.6 During this period, the Ombudsman intervened in (upheld, settled or resolved at an early stage) a similar proportion of complaints about public bodies, 18%, when compared with recent years. Intervention rates (where they investigated complaints) for Local Authorities also remained at a similar level – 14% compared to 13% in recent years.

2.7 The Ombudsman also received a high number of Code of Conduct complaints last year, relating to both Principal Councils and Town and Community Council. A record number (20) were referred to either the Adjudication Panel for Wales or Local Standards Committee, due to evidence of a breach of the code.

2.8 The number of complaints to the Ombudsman for Blaenau Gwent during 2021/2022 was 13 with no complaints requiring intervention. This is a reduction from 15 complaints with 1 intervention received in 2020/2021.

2.9 The number of Code of Conduct Complaints made to the Ombudsman in relation to this Council is 4. This is an increase from 3 in 2020/2021.

2.10 The number of Code of Conduct Complaints made to the Ombudsman in relation to Town/Community Council is 6. This is an increase from 5 in 2020/2021.

3. Options for Recommendation

3.1 **Option 1**

To provide the Governance and Audit Committee with assurance that the process for the monitoring of complaints is robust and the performance information provided reflects these practices.

3.2 **Option 2**

To seek further clarification on any areas within the report and/or to highlight any areas of interest or concern that need to be considered in future monitoring and reporting of complaints.

4. Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan

4.1 There is a legislative requirement to provide information on the number of complaints the Council received in order for the Public Services Ombudsman for Wales to prepare an annual letter.

4.2 The monitoring of complaints and compliments is a key performance indicator within the Council's Corporate Plan, under the Well-being Theme, 'Efficient Council'.

4.3 From the Well-being Plan the monitoring of complaints links into 'A resilient Wales' as it provides an opportunity for citizens to take an active and empowered role. The Council is required to present the Annual Letter to members.

5. Implications Against Each Option

5.1 ***Impact on Budget (short and long term impact)***
The Ombudsman in certain circumstances may award compensation to the complainant. In such circumstances, the compensation will be paid by the relevant department/service area.

5.2 ***Risk including Mitigating Actions***
Complaints are investigated in accordance with the Councils Corporate Complaints Policy.

5.3 ***Legal***
There are no legal implications associated with this report.

5.4 ***Human Resources***
There are no human resource implications associated with this report.

6. Supporting Evidence

6.1 ***Performance Information and Data***

See appendix 1:

Section A: Complaints received and investigated with the local authority average adjusted by population

Section B: Complaints received by subject

Section C: Complaint outcomes

Section D: Cases with PSOW intervention

Section E: Code of Conduct complaints.

Section F: Town/Community Council Code of Conduct complaints

6.2 ***Expected outcome for the public***
This report is positive information to share with the public and is evidence that the Council's Corporate Complaints Policy is working effectively to resolve complaints at an early stage, and few complainants are seeking independent redress.

6.3 ***Involvement (consultation, engagement, participation)***

By providing a complaints process, the Council is enabling active participation of the public and partners to identify areas of concern that need to be addressed.

6.4 ***Thinking for the Long term (forward planning)***

The Public Service Ombudsman (Wales) Act 2019 was introduced to give the Ombudsman new powers aimed at:

- Improving access to their office
- Allowing the Ombudsman to undertake own initiative investigations when required in the public interest
- Ensuring that complaints data from across Wales may be used to drive improvement in public services for citizens in Wales

6.5 ***Preventative focus***

The complaints process enables the Council to rectify processes that have been highlighted within a complaint. This in turn supports the Council to prevent similar complaints being provided.

6.6 ***Collaboration / partnership working***

As part of the report prepared by the Public Services Ombudsman for Wales comparisons are made across all Council's across Wales.

6.7 ***Integration (across service areas)***

The Complaints process is undertaken across all sections of the Council in order to provide a full picture across the Council.

6.8 ***Decarbonisation and Reducing Carbon Emissions***

N/A

6.9 ***Integrated Impact Assessment***

An Integrated Impact Assessment is not required for the performance monitoring of complaints, however, if a complaint requires consideration of the Equalities Act an EqIA would be undertaken for the specific complaint.

7. **Monitoring Arrangements**

7.1 The Public Service Ombudsman for Wales annual reports are presented to the Corporate Leadership Team, Governance and Audit Committee and Executive Committee on an annual basis.

Complaints monitoring is undertaken across the Council and a separate report will be presented to Governance and Audit Committee twice a year providing information on the number of stage 1 and 2 complaints received and their outcomes.

Background Documents /Electronic Links

- Appendix 1

Factsheet

Appendix A - Complaints Received

Local Authority	Complaints Received	Received per 1000 residents
Blaenau Gwent County Borough Council	14	0.20
Bridgend County Borough Council	55	0.37
Caerphilly County Borough Council	60	0.33
Cardiff Council*	182	0.50
Carmarthenshire County Council	54	0.29
Ceredigion County Council	52	0.72
Conwy County Borough Council	27	0.23
Denbighshire County Council	34	0.36
Flintshire County Council	99	0.63
Gwynedd Council	39	0.31
Isle of Anglesey County Council	29	0.41
Merthyr Tydfil County Borough Council	27	0.45
Monmouthshire County Council	20	0.21
Neath Port Talbot Council	45	0.31
Newport City Council	40	0.26
Pembrokeshire County Council	39	0.31
Powys County Council	55	0.42
Rhondda Cynon Taf County Borough Council	51	0.21
Swansea Council	71	0.29
Torfaen County Borough Council	18	0.19
Vale of Glamorgan Council	61	0.46
Wrexham County Borough Council	71	0.52
Total	**1143**	**0.36**

* inc 17 Rent Smart Wales

Public Services Ombudsman For Wales | Ombwdsmon Gwasanaethau Cyhoeddus Cymru, 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ
www.ombudsman-wales.org.uk | www.ombwdsmon-cymru.org.uk
01656 641150 01656 641199 ask@ombudsman-wales.org.uk | holwch@ombwdsmon-cymru.org.uk

All calls are recorded for training and reference purposes | Bydd pob galwad yn cael ei recordio ar gyfer dibenion hyfforddi a chyfeirio

Appendix B - Received by Subject

Blaenau Gwent County Borough Council	Complaints Received	% Share
Adult Social Services	2	14%
Benefits Administration	0	0%
Children's Social Services	3	21%
Community Facilities, Recreation and Leisure	0	0%
Complaints Handling	0	0%
Covid19	0	0%
Education	1	7%
Environment and Environmental Health	2	14%
Finance and Taxation	2	14%
Housing	0	0%
Licensing	0	0%
Planning and Building Control	2	14%
Roads and Transport	0	0%
Various Other	2	14%
Total	14	

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Appendix C - Complaint Outcomes
(* denotes intervention)

	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution/ voluntary settlement*	Discontinued	Other Reports- Not Upheld	Other Reports Upheld*	Public Interest Report*	Total
Blaenau Gwent County Borough Council	4	4	5	0	0	0	0	0	13
% Share	31%	31%	38%	0%	0%	0%	0%	0%	

Appendix D - Cases with PSOW Intervention

	No. of interventions	No. of closures	% of interventions
Blaenau Gwent County Borough Council	0	13	0%
Bridgend County Borough Council	7	54	13%
Caerphilly County Borough Council	7	58	12%
Cardiff Council	45	159	28%
Cardiff Council - Rent Smart Wales	1	16	6%
Carmarthenshire County Council	7	49	14%
Ceredigion County Council	13	46	28%
Conwy County Borough Council	2	24	8%
Denbighshire County Council	4	33	12%
Flintshire County Council	15	94	16%
Gwynedd Council	6	41	15%
Isle of Anglesey County Council	3	28	11%
Merthyr Tydfil County Borough Council	2	26	8%
Monmouthshire County Council	2	21	10%
Neath Port Talbot Council	5	45	11%
Newport City Council	4	36	11%
Pembrokeshire County Council	2	40	5%
Powys County Council	7	55	13%
Rhondda Cynon Taf County Borough Council	3	45	7%
Swansea Council	10	76	13%
Torfaen County Borough Council	2	20	10%
Vale of Glamorgan Council	9	62	15%
Wrexham County Borough Council	4	67	6%
Total	**160**	**1108**	**14%**

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Appendix E - Code of Conduct Complaints

County/County Borough Councils	Discontinued	No evidence of breach	No action necessary	Refer to Adjudication Panel	Refer to Standards Committee	Withdrawn	Total
Blaenau Gwent County Borough Council	1	3	0	0	0	0	4

Appendix F - Town/Community Council Code of Complaints

Town/Community Council	Discontinued	No evidence of breach	No action necessary	Refer to Adjudication Panel	Refer to Standards Committee	Withdrawn	Total
Abertillery & Llanhilleth Community Council	2	3	0	1	0	0	6
Brynmawr Town Council	-	-	-	-	-	-	0

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Information Sheet

Appendix A shows the number of complaints received by PSOW for all Local Authorities in 2021/2022. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Local Authority.

Appendix C shows outcomes of the complaints which PSOW closed for the Local Authority in 2021/2022. This table shows both the volume, and the proportion that each outcome represents for the Local Authority.

Appendix D shows Intervention Rates for all Local Authorities in 2021/2022. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix E shows the outcomes of Code Of Conduct complaints closed by PSOW related to Local Authority in 2021/2022.This table shows both the volume, and the proportion that each outcome represents for the Local Authority.

Appendix F shows the outcomes of Code of Conduct complaints closed by PSOW related to Town and Community Councils in the Local Authority's area. This table shows both the volume, and the proportion that each outcome represents for each Town or Community Council.

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