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**Blaenau Gwent**

Our Ref./Ein Cyf.  
Your Ref./Eich Cyf.  
Contact:/Cysylltwch â:

**THIS IS A MEETING WHICH THE PUBLIC ARE ENTITLED TO ATTEND**

14th June 2024

Dear Sir/Madam

### **GOVERNANCE & AUDIT COMMITTEE**

A meeting of the Governance & Audit Committee will be held in via MS Teams on Wednesday, 19th June, 2024 at 9.30 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. **APPOINTMENT OF CHAIR 2024/2025**  
To appoint Chair of the Committee for 2024/25.
5. **GOVERNANCE & AUDIT COMMITTEE** 5 - 8  
To receive the decisions of the Governance & Audit Committee held on 17<sup>th</sup> April, 2024.  
  
(Please note the decisions are submitted for points of accuracy only).
6. **ACTION SHEET** 9 - 10  
To receive the Action Sheet arising from the meeting held on 17<sup>th</sup> April, 2024.
7. **FORWARD WORK PROGRAMME 2024/2025** 11 - 16  
To consider the report of the Scrutiny and Democratic Officer.
8. **SHARED RESOURCE SERVICE (SRS) ANNUAL INTERNAL AUDIT REPORT 2023/24** 17 - 38  
To consider the report of the Chief Officer Resources.
9. **INTERNAL AUDIT PLAN 2024-2029** 39 - 54  
To consider the report of the Professional Lead Internal Audit.
10. **COMPLAINTS INFORMATION FOR QUARTER 3 AND QUARTER 4 - 2023/2024** 55 - 78  
To consider the report of the Head of Legal and Corporate Compliance.
11. **TIME OF FUTURE MEETINGS**  
To consider.

## **EXEMPT ITEM**

To receive and consider the following report which in the opinion of the proper officer is an exempt item taking into account consideration of the public interest test and that the press and public should be excluded from the meeting (the reason for the decision for the exemption is available on a schedule maintained by the proper officer).

### **12. CONTRACTS - ESTIMATED VALUE BELOW £75,000 79 - 106**

To consider the report of the Chief Officer Resources.

To: J. Absalom  
Councillor S. Behr (Vice-Chair)  
Councillor D. Bevan  
Councillor J. P. Morgan  
Councillor C. Smith  
Councillor T. Smith  
Councillor J. Wilkins  
M. Veale  
C. Hucker

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**  
**17<sup>TH</sup> APRIL, 2024**

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

**PRESENT:** JOANNE ABSALOM (CHAIR)

Councillors S. Behr (Vice Chair)  
K. Chaplin  
W. Hodgins  
C. Smith  
J. Wilkins

M. Veale  
C. Hucker

**WITH:** Chief Officer Commercial & Customer  
Head of Democratic Services, Governance & Partnerships  
Audit & Risk Manager  
Professional Lead – Internal Audit  
Service Manager – Accountancy  
Senior Finance Business Partner  
Data Protection & Governance Officer  
Corporate Communications - Marketing & Customer  
Access Manager

**AND:** **Audit Wales Representatives**  
Mike Jones

**DECISIONS UNDER DELEGATED POWERS**

<b><u>ITEM</u></b>	<b><u>SUBJECT</u></b>	<b><u>ACTION</u></b>
<b>No. 1</b>	<b><u>SIMULTANEOUS TRANSLATION</u></b>	
	It was noted that no requests had been received for the	

	simultaneous translation service.	
<b>No. 2</b>	<p><b><u>APOLOGIES</u></b></p> <p>Apologies for absence were received from:- Councillor D. Bevan Chief Officer Resources Deborah Woods (Audit Wales)</p>	
<b>No. 3</b>	<p><b><u>DECLARATIONS OF INTEREST AND DISPENSATIONS</u></b></p> <p>The following declarations of interest were reported:-</p> <p>Jo Absalom (Chair), Councillor Chris Smith and Councillor Jo Wilkins all declared an interest in the exempt report - Item No. 8 – Recruitment.</p>	
<b>No. 4</b>	<p><b><u>GOVERNANCE &amp; AUDIT COMMITTEE</u></b></p> <p>The decisions of the Governance &amp; Audit Committee held on 21<sup>st</sup> February, 2024 were submitted.</p> <p>It was reported that Martin Veale, Lay Member, was not present for the duration of the meeting and requested not to be recorded in attendees present.</p> <p>RESOLVED, subject to the foregoing, that the decisions be accepted as a true record of proceedings.</p>	
<b>No. 5</b>	<p><b><u>ACTION SHEET – 21<sup>ST</sup> FEBRUARY, 2024</u></b></p> <p>The Action Sheet arising from the meeting held on 21<sup>st</sup> February, 2024 was submitted.</p> <p>RESOLVED that the Action sheet be noted.</p>	
<b>No. 6</b>	<p><b><u>AUDIT PLAN OUTTURN 2023-24</u></b></p> <p>Consideration was given to report of the Audit &amp; Risk Manager.</p> <p>RESOLVED that the report be accepted and the Committee</p>	

	<p>noted the following:-</p> <ul style="list-style-type: none"> <li>• the levels of audit coverage in each service area,</li> <li>• the plan outturn for the financial year, and</li> <li>• the performance of the Internal Audit Service for the financial year 2023/24.</li> </ul>	
<p><b>No. 7</b></p>	<p><b><u>ANTI-FRAUD, ANTI-CORRUPTION &amp; ANTI-BRIBERY POLICY</u></b></p> <p>Consideration was given to report of the Audit &amp; Risk Manager.</p> <p>RESOLVED that the report be accepted and the Committee endorsed Option 2; namely that the Policy be amended, in line with Member’s comments and issues raised, prior to approval by Cabinet.</p> <p>The Head of Democratic Services, Governance &amp; Partnerships left the meeting at this juncture.</p>	
<p><b>No. 8</b></p>	<p><b><u>RECRUITMENT</u></b></p> <p>Having regard to the views expressed by the Proper Officer regarding the public interest test, that on balance the public interest in maintaining the exemption outweighed the public interest in disclosing the information and that the report should be exempt.</p> <p>RESOLVED that the public be excluded whilst this item of business is transacted as it is likely there would be a disclosure of exempt information as defined in Paragraphs 12 &amp; 13, Part 1, Schedule 12A of the Local Government Act 1972 (as amended).</p> <p>Consideration was given to report of the Interim Chief Executive.</p> <p>RESOLVED that the report which related to staffing matters be accepted; and the Governance and Audit Committee:-</p> <p>3.1 Considered and noted the following:-</p>	

	<ul style="list-style-type: none"><li>• The investigation report (Appendix B)</li><li>• CLT determinations (Appendix C)</li></ul> <p>3.2 The Action Plan (Appendix D) to address the weaknesses identified and strengthen recruitment policy and process be updated in line with Member’s recommendations and future progress reports be received.</p> <p>3.3 The Committee continued to gain assurance that improvements in processes were made, and compliance was monitored.</p>	
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**Blaenau Gwent County Borough Council**

**Action Sheet**

**Governance & Audit Committee**

<b>Meeting Date</b>	<b>Action to be Taken</b>	<b>By Whom</b>	<b>Action Taken</b>
21 <sup>st</sup> June, 2023	<p><b><u>Item 9 – Annual Report of the Audit and Risk Manager 2022/2023</u></b></p> <p>➤ An update be provided on the three large investigations that had commenced during the year, at the appropriate juncture.</p>	Audit & Risk Manager	Update to be provided at the appropriate time. <b>Action: ongoing</b>

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# Agenda Item 7

*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: **19<sup>th</sup> June, 2024**

Report Subject: **Forward Work Programme 2024-25**

Portfolio Holder: **Councillor S. Thomas - Leader / Cabinet Member  
Corporate 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	Cabinet	Council	Other (please state)
June 2024			19.06.24					

1. **Purpose of the Report**
  - 1.1 To present the Forward Work Programme for 2024-25 (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 2022-27, agreed by the Council in October 2022, corporate documents and supporting business plans.
  - 2.3 The Governance and Audit Committee Forward Work Programme is aligned to the Scrutiny Committee, Cabinet 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 **Option 1**  
To accept the Forward Work Programme.
  - 3.2 **Option 2**  
To suggest any amendments to the Forward Work Programme.

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## DRAFT Governance and Audit Forward Work Programme

Topic	Purpose	Lead Officer
<b>Meeting Date:</b> Wednesday 19 <sup>th</sup> June 2024		
Forward Work Programme 2024/25	To agree the FWP for 2023/24	Scrutiny and Democratic Officer
Shared Resource Service (SRS) Annual Internal Audit Report 2023/24	To present to the Draft Shared Resource Service Annual Internal Audit Report for 2023/24.	Rhian Hayden
Internal Audit Plan 2024-2029	To provide Members with the five-year strategic Audit Plan for the period 2024-2029.	Louise Rosser
Complaints Report (Qtr3 & Qtr4 – 2023/24)	To present the bi-annual report on Complaints as required by the Public Services Ombudsman for Wales.	Andrea Jones
Contracts – Estimated Value Below £75,000	To present findings of an audit in relation to contracts under £75,000.	Rhian Hayden

<b>Meeting Date:</b> 17 <sup>th</sup> July 2024		
Audit Wales Planning Review	To present the Audit Wales report.	Steve Smith
Brownfields Site	To present the Audit Wales Report.	Steve Smith
Code of Governance	To present the revised Code of Governance for the Council.	Gemma Wasley
Audit Wales - Use of performance information: Service User perspective and Outcomes	To present the Audit Wales report.	Sarah King
Corporate Risk Register (Qtr4)	To update Members on the Corporate Risk Register	Louise Rosser
Risk Management Strategy	To present the updated Risk Management Strategy	Louise Rosser
Annual Report of the Audit and Risk Manager 2023/24	To present the annual report.	Louise Rosser

## DRAFT Governance and Audit Forward Work Programme

Topic	Purpose	Lead Officer
<b>Meeting Date:</b> 18 <sup>th</sup> September 2024		
Annual Report of the Governance and Audit Committee	To present the Annual report of the Committee.	Steve Berry / Chair
Audit Plan Progress Report (Qtr 1)	To update Members on the progress against the Internal Audit Plan.	Louise Rosser
Global Audit Standards	To present the report.	Louise Rosser

<b>Meeting Date:</b> 23 <sup>rd</sup> October 2024		
Annual Self-Assessment of Council Performance 2023/24 <b>To be published by 31<sup>st</sup> October each year</b>	To present the Annual Self-Assessment of Council performance.	Sarah King
Information Governance	To consider the report.	Steve Berry
Draft Statement of Accounts 2023/24	To present the 2023/24 Statement of Accounts and to consider the Authority's financial standing as at 31 March.	Rhian Hayden
Audit of Financial Statements	To present the report.	Rhian Hayden
Annual Governance Statement 2023/24	To present the Annual Governance Statement (AGS).	Gemma Wasley
Annual Report of the Public Services Ombudsman for Wales 2023/24	To inform Members of the Council's performance with regard to complaints to the Public Services Ombudsman for Wales.	Andrea Jones
Corporate Risk Register (Qtr1)	To update Members on the Corporate Risk Register	Louise Rosser
Fraud Strategy	To present for Member consideration.	Louise Rosser

<b>Meeting Date:</b> 20 <sup>th</sup> November 2024		
Complaints Report (Qtr1 & Qtr2 – 2024-25)	To present the bi-annual report on Complaints as required by the Public Services Ombudsman for Wales.	Andrea Jones
Internal Audit Charter	To provide an updated copy of the Internal Audit Charter.	Louise Rosser
Audit Plan Progress Report (Qtr 2)	To update Members on the progress against the Internal Audit Plan.	Louise Rosser

## DRAFT Governance and Audit Forward Work Programme

Topic	Purpose	Lead Officer
<b>Meeting Date: 11<sup>th</sup> December 2024</b>		
Money Laundering Policy	To provide updated policy to Members.	Louise Rosser
RIPA Activity	To report on authorised RIPA activity as per the Council's policy.	Andrea Jones

<b>Meeting Date: 22<sup>nd</sup> January 2025</b>		
BGCBC – Annual Audit Summary	To present the Audit Wales Annual Audit Summary.	Sarah King
Corporate Risk Register (Qtr 2)	To update Members on the Corporate Risk Register	Louise Rosser
Audit Plan Progress report (Qtr 3)	To update Members on the progress against the Internal Audit Plan.	Louise Rosser
External Quality Assessment Action Plan	To present the report.	Louise Rosser

<b>Meeting Date: 19<sup>th</sup> February 2025</b>		
Fraud Query Letter	To present the report	Louise Rosser
Risk Management Handbook	To present the updated Risk Management Handbook	Louise Rosser
BGCBC – Detailed Audit Plan 2024	To present the Audit Wales report.	Rhian Hayden

<b>Meeting Date: 19<sup>th</sup> March 2025</b>		
Statement of Accounts 2023/24	To present for approval the 2023/24 Statement of Accounts and to consider the Authority's financial standing as at 31 <sup>st</sup> March	Rhian Hayden
Audit of Financial Statements	To consider the report from the Council's External Auditors Wales Audit Office.	Rhian Hayden
Final Annual Governance Statement 2023/24	To present the Final Annual Governance Statement (AGS).	Gemma Wasley

<b>Meeting Date: 2<sup>nd</sup> April 2025</b>		
Code of Governance	To present the revised Code of Governance for the Council.	Gemma Wasley
Corporate Risk Register (Qtr 3)	To update Members on the Corporate Risk Register	Louise Rosser

## DRAFT Governance and Audit Forward Work Programme

Topic	Purpose	Lead Officer
<b>Dates for Items to be confirmed</b>		
Audit Wales – Digital Strategy	To present the National and Local Audit Wales report.	Bernadette Elias
Audit Wales – Unscheduled Care Project	To present the National Audit Wales report.	Tanya Evans / Alyson Hoskins
Silent Valley Waste Services	To provide detail regarding the finalisation of the in-house transfer.	Rhian Hayden
Audit Wales 2024 Audit Plan for BGCBC	To present the Audit Wales 2024 Audit Plan.	Rhian Hayden
CIW – Care and Support for Adults with Learning Disabilities	To present the report.	Tanya Evans Alyson Hoskins
Audit Wales – Arrangements for Commissioning Services	To present the report.	
Audit Wales – Financial Sustainability Review	To present the report.	Rhian Hayden



# Agenda Item 8

*Cabinet and Council only*

Date signed off by the Monitoring Officer: N/A

Date signed off by the Section 151 Officer: N/A

Committee: **Governance & Audit Committee**  
Date of Meeting: **19th June, 2024**  
Report Subject: **Shared Resource Service (SRS) Annual Internal Audit Report 2023/24**  
Portfolio Holder: **Councillor S. Thomas – Leader / Cabinet Member for Corporate and Performance**  
Report Submitted by: **Rhian Hayden – Chief Officer Resources**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Governance & Audit Committee	Democratic Services Committee	Scrutiny Committee	Cabinet	Council	Other (please state)
	30/05/24		19/06/24					

## 1. Purpose of the Report

The purpose of this report is to present to the Governance & Audit Committee the Draft Shared Resource Service Annual Internal Audit Report for 2023/24 as provided by Torfaen CBC Internal Audit Service.

## 2. Scope and Background

- 2.1 Blaenau Gwent CBC are a partner in the Shared Resource Service (SRS) for the provision of IT services. The partnership arrangement is laid out in a Memorandum of Understanding (MOU), which sets out the terms of the partnership, and is signed by each of the partner organisations. The services provided by the SRS specifically to Blaenau Gwent CBC are covered by a Service Level Agreement (SLA).
- 2.2 Blaenau Gwent CBC have both Officer and Member representation on the boards of the SRS. The Interim Chief Executive Officer sits on the Strategic Board, whilst the Chief Officer Resources and the Chief Officer Commercial and Customer sit on the Finance and Governance Board and the Business and Collaboration Board respectively. Cllr Ross Leadbeater has been appointed as the Member representative for 2024/25.
- 2.3 Torfaen CBC are the lead Authority for the SRS arrangement for the purpose of financial administration. The Internal Audit Service at Torfaen fulfil the audit role, producing an audit plan and undertaking audits of the systems in operation.
- 2.4 The Draft Annual Internal Audit Report for the SRS is attached at Appendix A. The report summarises the internal audit work that has been carried out for the year ended 31 March 2024 with the overall opinion being satisfactory.
- 2.5 In addition, page 7 of the attached report outlines the Internal Audit Plan 2024-25 that has been agreed with the SRS management.

2.6 The report will be presented to the SRS Finance and Governance Board on 4<sup>th</sup> June 2024 for final sign off by SRS partners. The Audit and Risk Manager for Blaenau Gwent places reliance on this work when drafting her annual audit opinion.

### 3. **Options for Recommendation**

3.1 The Draft Annual Internal Audit Report for the SRS provided by Torfaen CBC, incorporates:

- the overall audit opinion of the Head of Internal Audit, Torfaen CBC for 2023/24 (as shown on page 1),
- a summary of the audit work conducted during 2023/24 & the individual gradings of each audit, and
- the audit plan 2024/25 (as shown on page 7 of the attached report).

Following consideration of the report, the Governance and Audit Committee should:

#### Option 1

Accept the Draft Shared Resource Service Annual Internal Audit Report for 2023/24 deeming it to provide sufficient assurance of the internal control arrangements operating within the SRS and note the Audit Plan for 2024/25.

The Audit and Risk Manager will place reliance on the findings of these audits when providing her annual audit opinion.

#### Option 2

Not accept the Draft Shared Resource Service Annual Internal Audit Report for 2023/24 or the Audit Plan for 2024/25.

The Chief Officer Resources to relay the Committee's feedback to the Finance and Governance Board of the SRS for consideration.

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

4.1 In line with the Corporate Plan Priority of an ambitious and innovative council delivering quality services at the right time and in the right place, presentation of the Draft Shared Resource Service Annual Internal Audit Report for 2023/24 supports the Chief Officer – Resources in satisfying her statutory duties under Section 151 of the Local Government Act (1972).

### 5. **Implications Against Each Option**

#### 5.1 Impact on Budget (short- and long-term impact)

Provision of IT audit services by Torfaen CBC in respect of the SRS is included in the fees payable for the SRS partnership arrangements.

5.2 Risk including Mitigating Actions  
Failure to address any non-compliance issues identified in the IT audits is a missed opportunity to improve the service.

5.3 Legal  
The legal arrangements between the SRS and Blaenau Gwent CBC are covered in the MOU and SLA.

5.4 Human Resources  
There are no direct Human Resource implications arising from this report.

## 6. **Supporting Evidence**

6.1 Performance Information and Data  
The overall audit opinion of the Head of Internal Audit for Torfaen CBC in respect of the SRS for 2023/24 is '**satisfactory**'. The Summary of Audit Findings together with the overall opinion will be provided to the Finance and Governance board for final approval on 4<sup>th</sup> June 2024.

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. This report specifically provides assurance of the internal controls operating within the SRS.

6.3 Involvement (consultation, engagement, participation)  
Blaenau Gwent CBC are represented on the Strategic Board, Finance & Governance Board and the Business & Collaboration Board by the Interim Chief Executive Officer (& nominated elected Member), the Chief Officer Resources and the Chief Officer Commercial and Customer respectively.

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  
Internal Audit provides a cost effective and professional Audit review of the internal control environment with the aim of minimising the risk of loss from error, fraud, or irregularities.

6.6 Collaboration / partnership working  
The SRS IT service is a partnership arrangement between Newport CC, Torfaen CBC, Blaenau Gwent CBC, Monmouthshire CBC and Gwent Police.

6.7 Integration (across service areas)

No impact for this report.

6.8 Decarbonisation and Reducing Carbon Emissions.

No impact for this report.

6.9 Integrated Impact Assessment

No impact assessment is required for this report.

7. **Monitoring Arrangements**

7.1 Progress against the 2024/25 Internal Audit Plan for the SRS, as provided by Torfaen CBC will be reported to the Governance and Audit Committee periodically to evidence the progress made.

**Background Documents /Electronic Links**

- Appendix A – Draft Shared Resource Service Annual Internal Audit Report for 2023/24

# **SHARED RESOURCE SERVICE**

## **Annual Internal Audit Report**

### **2023/24**

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## Executive Summary

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### Introduction

This report outlines the internal audit work we have carried out for the year ended 31 March 2024.

The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control (i.e., the organisation's system of internal control).

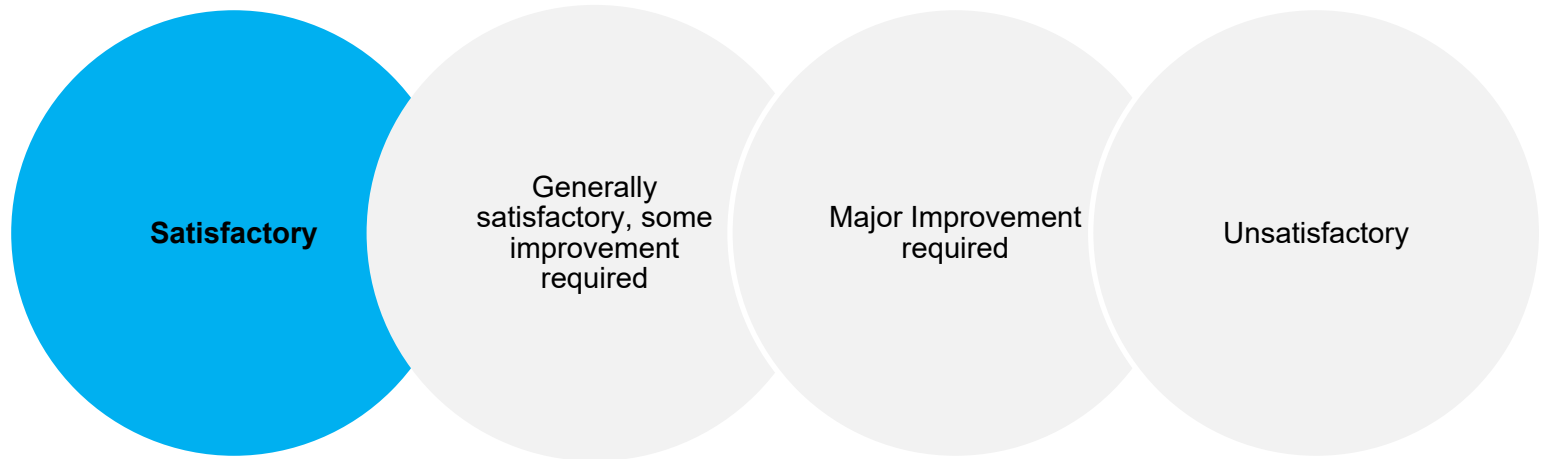
This is achieved through a risk-based plan of work, agreed with management, which should provide a reasonable level of assurance, subject to the inherent limitations described below and set out in Appendix 1.

The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation.

### Head of Internal Audit Overall Opinion

We are satisfied that sufficient internal audit work has been undertaken to allow an overall opinion to be given as to the adequacy and effectiveness of governance, risk management and control. It should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

Our opinion is as follows:



Defined as:

- A limited number of medium risk rated weaknesses may have been identified, but generally only low risk rated weaknesses have been found in individual assignments; and
- None of the individual assignment reports have an overall report classification of either high or critical risk.



**Implications:**

The agreed audit plan contained 12 areas for review, generating 3 'substantial' and 9 'full' audit opinions. The overall opinion recognises continued consolidation of improvement again this year. Areas for improvement will always exist. The expectation is that all agreed recommendations will be implemented and that all opinions are at least 'moderate' if not 'substantial' which has been achieved.

Improvement (see Pages 06 - 08) is required in those areas identified to enhance the adequacy and effectiveness of the internal control framework.

An explanation of all the types of opinion can be found in Appendix 2.

**Basis of opinion**

Our opinion is based on:

- All audits undertaken during the year.
- Any follow up action taken in respect of audits from previous periods.
- Any significant recommendations not accepted by management and the resulting risks.
- The effects of any significant changes in the organisation's objectives or systems.
- Any limitations which may have been placed on the scope or resources of internal audit.
- Any reliance that is placed upon third party assurances.

**Acknowledgement**

The plan for this year had to be 'flexed' again to accommodate operational issues within the Shared Resource Service, a disproportionate amount of effort shifted towards the latter part of the year and for the first time, one audit was not completed within the year due to staff availability issues.

For 2024-25, it is hoped that all audits can happen as planned throughout the year.

Internal Audit would like to take this opportunity to thank all SRS staff for their co-operation and assistance in ensuring the completion of audits identified in the plan.

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## Summary of Findings

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The table starting on page 06 records a summary of the key findings from our programme of internal audit work for the year.

### Overview

The **12** internal audit reviews completed:

- were a blend of
  - type (systems (4), follow ups (6), special/consultancy (2)) and
  - risk (High (2), Medium (2) and Low (8)).
- resulted in the identification of 18 findings (15 medium, and 3 low) to improve weaknesses in the design of controls and/or operating effectiveness (see Page 06).

All final reports issued during the year contained agreed action plans, dates, and responsible officers for improving the internal control environment.

## Internal Audit Work Conducted

### Introduction

The table below sets out the results of our internal audit work and the system opinion for each individual audit assignment plus any implications for next year's plan. We also include a comparison between planned internal audit activity and actual activity.

### Results of individual assignments

Ref	Review / Opinion	Fieldwork Completed	Draft		Final	Num Tested	%age in place	No of Findings		
			Issued	Response	Issued			H	M	L
SRS-23001	Active Directory, <b>Substantial</b>	Apr 5, 24	Apr 8, 24	Apr 15, 24	Apr 17, 24	38	79		5	3
SRS-23002	Application Integration Service, <b>Full</b>	Jun 19, 23	Jun 26, 23	Jun 26, 23	Jun 26, 23	2	100			
SRS-23003	CCTV Control Centre, <b>Full</b>	Jun 19, 23	Jun 26, 23	Jun 26, 23	Jun 26, 23	24	100			
SRS-23004	Change Management, <b>Full</b>	Aug 7, 23	Aug 8, 23	Aug 8, 23	Aug 8, 23	1	100			
SRS-23005	EdTech, <b>Full</b>	May 26, 23	May 31, 23	Jun 1, 23	Jun 1, 23	4	25		3	
SRS-23006	Firewall, <b>Full</b>	Mar 1, 24	Mar 4, 24	Mar 4, 24	Mar 4, 24	2	100			
SRS-23007	Identity and Access Management, <b>Full</b>	Mar 6, 24	Mar 6, 24	Mar 12, 24	Mar 12, 24	5	80			
SRS-23008	IT Governance, <b>Substantial</b>	Feb 5, 24	Feb 7, 24	Feb 7, 24	Feb 7, 24	18	89		2	
SRS-23009	O365, <b>Full</b>	May 3, 23	May 4, 23	May 4, 23	May 4, 23	1	100			
SRS-23010	HALO, <b>Full</b>	Mar 26, 24	Mar 27, 24	Mar 27, 24	Mar 27, 24	42	98		1	
SRS-23011	SolarWinds, <b>Substantial</b>	May 3, 24	May 21, 24			5	80		1	
SRS-23012	Telephony (VOIP), <b>Full</b>	Oct 17, 23	Oct 19, 23	Oct 25, 23	Oct 26, 23	72	96		3	
<b>Totals</b>						<b>214</b>			<b>15</b>	<b>3</b>

**Implications for the 2024 – 25 audit plan**

The internal audit plan detailed below has been agreed with management.

Audit Ref	LAST SYSTEM AUDIT	LAST SYSTEM OPINION	STAG E	TYPE	CA T	PROJECT_NAME	QTR	HOU RS
SRS – 24001	Apr 17, 24	SUBSTANTI AL	NID	FUP	P	Active Directory	3	52
SRS – 24002	Mar 25, 22	FULL	NID	SYS	P	Application Integration Service	2	89
SRS – 24003	Jan 26, 21	SUBSTANTI AL	NID	SYS	P	Business Management	2	89
SRS – 24004			ISS	SYS	P	Data Centre – GPA	1	89
SRS – 24005	Mar 27, 24	FULL	NID	FUP	P	HALO	3	52
SRS – 24006	Mar 29, 21	FULL	ISS	SYS	P	Information Security Management System	1	89
SRS – 24007	May 7, 19	LIMITED	NID	SYS	P	IT Disposals	4	89
SRS – 24008	Mar 8, 22	FULL	NID	SYS	P	IT Service Continuity Management	4	89
SRS – 24009	Feb 15, 22	SUBSTANTI AL	NID	SYS	P	Mobile Computing	2	89
SRS – 24010	May6, 20	MODERATE	NID	SYS	P	Software Asset Management	3	89
SRS – 24011			NID	FUP	P	Solarwinds	3	52
								<b>868</b>

**Individual audit opinion ratings:**

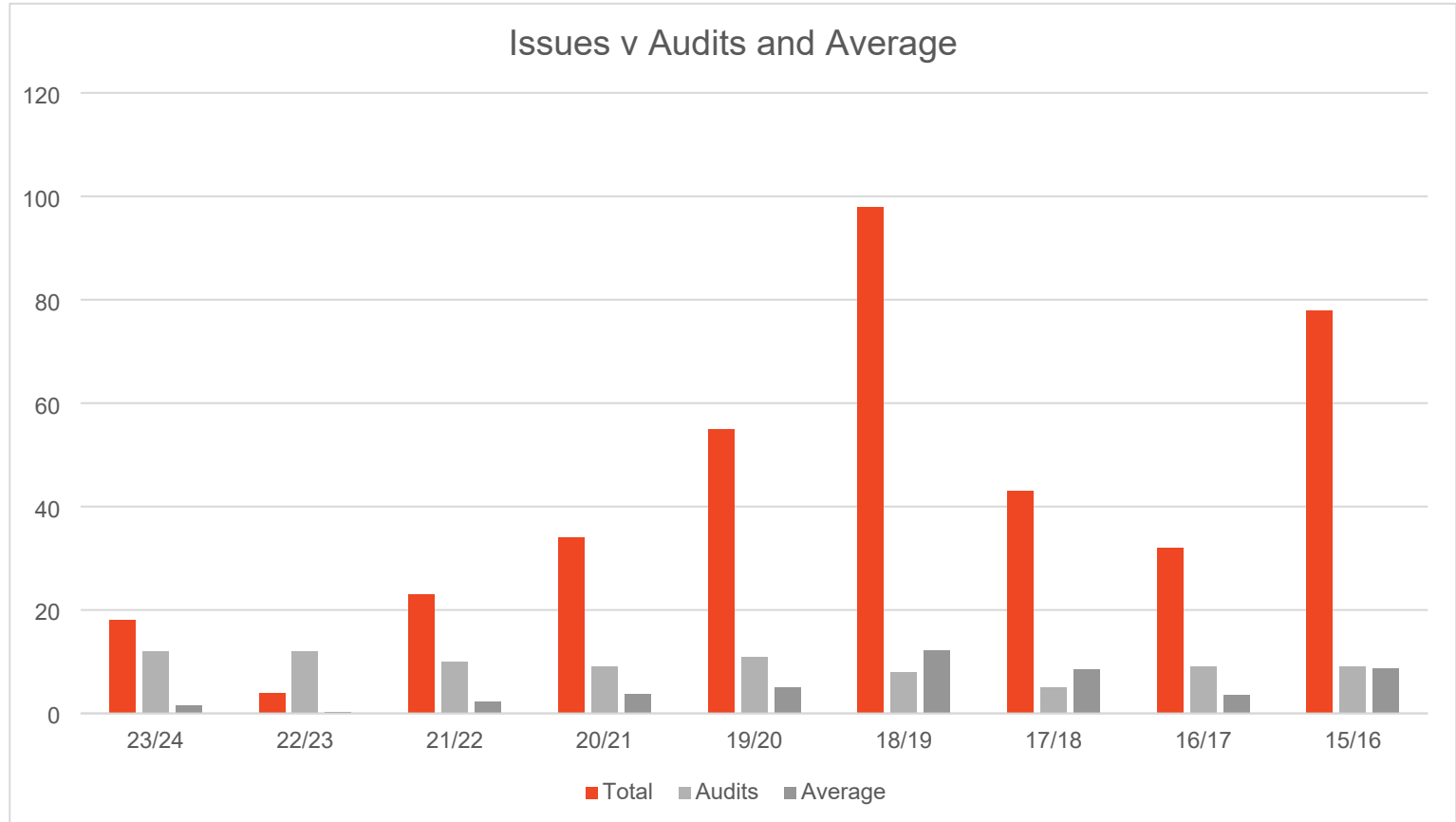
The ratings below are now used for both systems and follow up audit reviews, confirmation of at least the existing review control environment for a follow up.

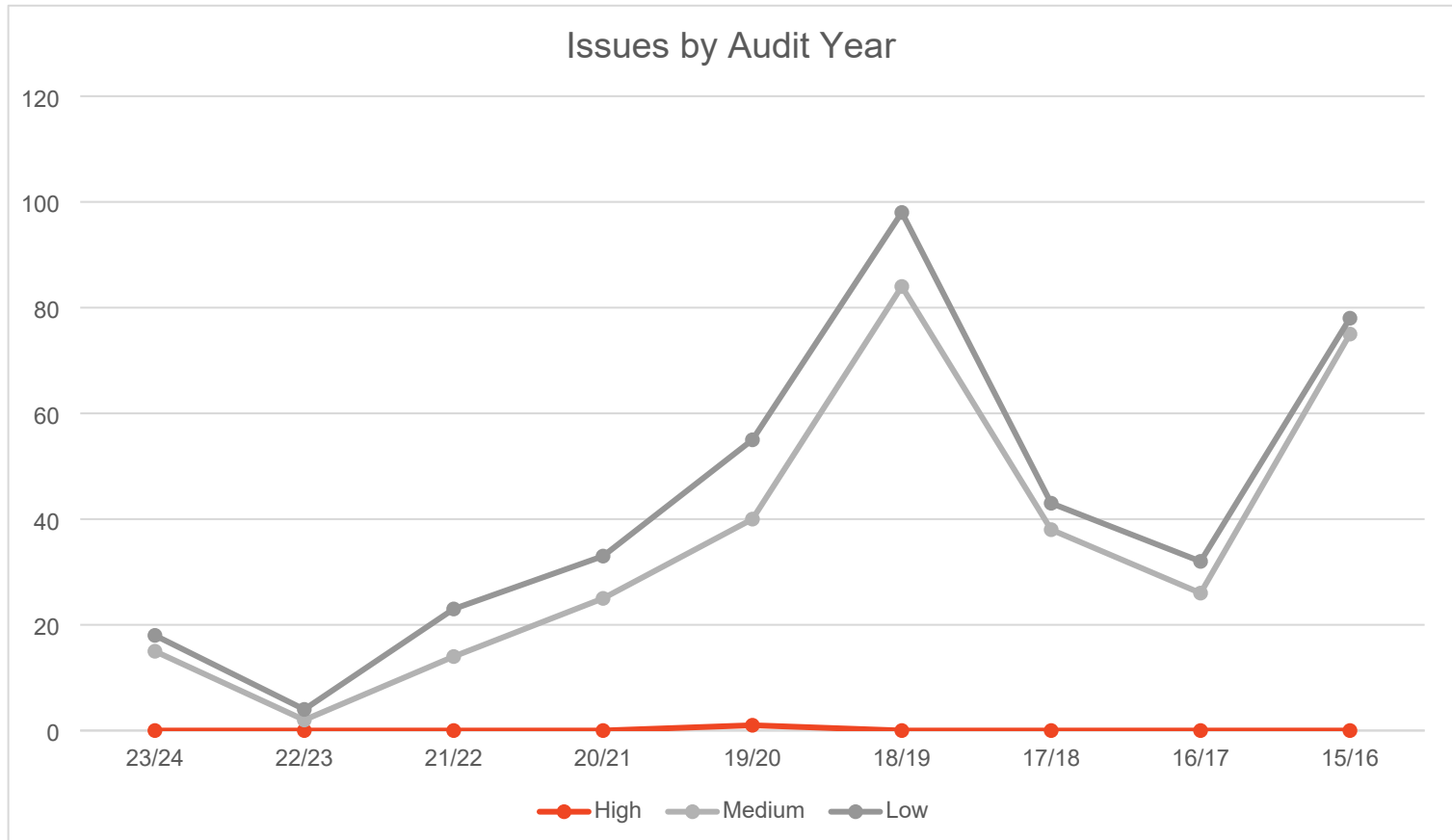
Rating	% controls tested deemed operating
NIL	0 – 10%
LIMITED	11 – 49%.

MODERATE	50 – 69%
SUBSTANTIAL	70 – 89%
FULL	90 – 100%

**Direction of Control Travel**

Metric	23/24	22/23	21/22	20/21	19/20	18/19	17/18	16/17	15/16
Total Issues	18	4	23	34	55	98	43	32	78
Num Audits	12	12	10	9	11	8	5	9	9
High	0	0	0	0	1	0	0	0	0
Medium	15	2	14	25	39	84	38	26	75
Low	3	2	9	8	15	14	5	6	3





**Implications for Management**

The mix and focus of our internal audit plans differs between years so the above results are indicative and not directly comparable. This year there has been an increase in the number of medium risk findings, based on 2022/23 whilst the number of audits performed is roughly constant.



## Comparison of planned and actual activity 2023/24

Ref	Stage	Type	Title	Quarter	
				Planned	Complete
SRS-23001	COM	SYS	Active Directory	4	4
SRS-23002	COM	FUP	Application Integration Service	2	1
SRS-23003	COM	SYS	CCTV Control Centre	1	1
SRS-23004	COM	FUP	Change Management	2	2
SRS-23005	COM	FUP	EdTech	1	1
SRS-23006	COM	FUP	Firewall	4	4
SRS-23007	COM	FUP	Identity and Access Management	4	4
SRS-23008	COM	SPL	IT Governance	2	4
SRS-23009	COM	FUP	O365	1	1
SRS-23010	COM	SPL	HALO	4	4
SRS-23011	FLD	SYS	SolarWinds	3	1 24/25
SRS-23012	COM	SYS	Telephony (VOIP)	1	3

## **Appendix 1: Limitations and responsibilities**

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### **Limitations inherent to the internal auditor's work**

Our work has been performed subject to the limitations outlined below.

### **Overall Opinion based on all work carried out**

The overall opinion is based solely on the work undertaken as part of the agreed internal audit plan. There might be weaknesses in the system of internal control that we are not aware of because they did not form part of our agreed annual programme of work, were excluded from the scope of individual internal audit assignments or were not brought to our attention. As a consequence, management and the Audit Committee should be aware that our opinion may have differed if our programme of work or scope for individual reviews was extended, or other relevant matters were brought to our attention.

### **Internal control**

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

### **Future periods**

Our assessment of controls relating to the Shared Resource Service is for the period 1 April 2023 to 31 March 2024. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that the:

- design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- degree of compliance with policies and procedures may deteriorate.

**Responsibilities of management and internal auditors**

It is management’s responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management’s responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected, and our examinations as internal auditors should not be relied upon to disclose all fraud, defalcations or other irregularities which may exist.

## Appendix 2: Overall Opinion Types

### Limitations inherent to the internal auditor's work

The table below sets out the five types of overall opinion that we use, along with an indication of the types of findings that may determine the opinion given. The Head of Internal Audit will apply his judgement when determining the appropriate opinion so the guide given below is indicative rather than definitive.

Opinion	Factors contributing to this opinion
<b><i>Satisfactory</i></b>	<ul style="list-style-type: none"> <li>▪ A limited number of medium risk rated weaknesses may have been identified, but generally only low risk rated weaknesses have been found in individual assignments; and</li> <li>▪ None of the individual assignment reports have an overall report classification of either high or critical risk.</li> </ul>
<b><i>Generally satisfactory with some improvements required</i></b>	<ul style="list-style-type: none"> <li>▪ Medium risk rated weaknesses identified in individual assignments that are not significant in aggregate to the system of internal control; and/or</li> <li>▪ High risk rated weaknesses identified in individual assignments that are isolated to specific systems or processes; and</li> <li>▪ None of the individual assignment reports have an overall classification of critical risk.</li> </ul>
<b><i>Major improvement required</i></b>	<ul style="list-style-type: none"> <li>▪ Medium risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or</li> <li>▪ High risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or</li> <li>▪ Critical risk rated weaknesses identified in individual assignments that are not pervasive to the system of internal control; and</li> <li>▪ A minority of the individual assignment reports may have an overall report classification of either high or critical risk.</li> </ul>

<b><i>Unsatisfactory</i></b>	<ul style="list-style-type: none"> <li>▪ High risk rated weaknesses identified in individual assignments that in aggregate are pervasive to the system of internal control; and/or</li> <li>▪ Critical risk rated weaknesses identified in individual assignments that are pervasive to the system of internal control; and/or</li> <li>▪ More than a minority of the individual assignment reports have an overall report classification of either high or critical risk.</li> </ul>
<b><i>None</i></b>	<ul style="list-style-type: none"> <li>▪ An opinion cannot be issued because insufficient internal audit work has been completed. This may be due to either: <ul style="list-style-type: none"> <li>□ Restrictions in the audit programme agreed with the Audit Committee, which meant that our planned work would not allow us to gather sufficient evidence to conclude on the adequacy and effectiveness of governance, risk management and control; or</li> <li>□ We were unable to complete enough reviews and gather sufficient information to conclude on the adequacy and effectiveness of arrangements for governance, risk management and control.</li> </ul> </li> </ul>

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## Contact Information

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**Internal Audit Service**

**Civic Centre**

**Pontypool**

**NP4 6YB**

# Agenda Item 9

*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 & Audit Committee**  
Date of Meeting: **19 June, 2024**  
Report Subject: **Internal Audit Plan 2024-2029**  
Portfolio Holder: **Councillor S. Thomas – Leader / Cabinet Member for Corporate and Performance**  
Report Submitted by: **Andrea Owen Professional Lead - Internal Audit**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Governance & Audit Committee	Democratic Services Committee	Scrutiny Committee	Cabinet	Council	Other (please state)
virtual	30.05.24		19.06.24					

## 1. Purpose of the Report

1.1 The purpose of this report is to provide the Governance & Audit Committee with the five-year strategic Audit Plan for the period 2024-2029 (Appendix A).

## 2. Scope and Background

2.1 The report provides the strategic five-year Internal Audit Plan including the rationale for implementing a one-year operational plan.

2.2 Under the Public Sector Internal Audit Standards (PSIAS) the Audit & Risk Manager is required to:

- Produce a risk-based Internal Audit Plan that prioritises internal audit activity in line with the organisation's goals and objectives.
- Produce a plan that takes into account, the requirements to produce an annual audit opinion, and the assurance framework that exists within the Authority.
- Confirm that the service will be delivered in accordance with the Internal Audit Charter.
- Produce a plan based on a documented risk assessment that considers input from Senior Management.
- Communicate any resource limitations to the Governance & Audit Committee.
- Report the Internal Audit Plan to the Governance & Audit Committee for approval.

2.3 The audit plan is produced following an assessment of risk whereby each potential audit area (the audit population) is scored using a matrix against a set of criteria relating to the audit risks, the Authority's objectives, and the views of the Heads of Services/Service Managers. The scoring matrix reflects the current objectives / priorities of the Authority and also to allow flexibility.

- 2.4 An example of the scoring matrix is attached at Appendix B. The matrix also includes a miscellaneous category to enable the plan to be adjusted for audit timing and ad hoc circumstances.
- 2.5 The plan produced from the risk assessment scores show audits as high, medium or low risk (Red, Amber and Green) based on the score they achieve. Banding the audits into risk categories instead of a rank order, will allow for more flexibility in the audit plan. In addition to the risk assessed audits the plan will continue to contain standard audits (Blue), such as grants, and CRSA for schools, and ongoing audits (White) that were already commenced at year end.
- 2.6 The plan is constructed by taking the number of available audit days, based on the audit establishment, and apportioning across all directorates rather than allocating them to specific audits. This approach enables the Audit and Risk Manager to provide the Governance & Audit Committee with an annual audit opinion.

### 3. **Options for Recommendation**

- 3.1 The Governance & Audit Committee consider the following options:

#### Option 1

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 2

The Committee note the basis for audit selection / prioritisation as described in section 2, and provide suggestions for amendment to the audit plan attached at Appendix A and subsequently approve it, 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 3

The Committee note the basis for audit selection / prioritisation as described in section 2, and reject the audit plan attached at Appendix A as a method of providing adequate assurance regarding the Authority's control environment. An alternative programme of work for the Internal Audit service would then need to be put forward.



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

4.1 The report supports the Authority in achieving its Corporate Plan Priority of an ambitious and innovative council delivering the quality services at the right time and in the right place through demonstrating that adequate measures are in place for the prevention and detection of fraud, thereby protecting the Authority's assets.

4.2 The Governance & Audit Committee, in their role as those responsible for governance, and in compliance with the PSIASs, have a responsibility to oversee the performance of the Internal Audit function including receiving a summary of the work upon which the Audit & Risk Manager will base her annual audit opinion.

5. **Implications Against Each Option**

5.1 Impact on Budget

There are no direct financial implications arising from production of the internal audit plan.

5.2 Risk including Mitigating Actions

Options 1 and 2 will facilitate sufficient audit coverage for the Audit and Risk Manager to provide an annual audit opinion. Option 3 would result in non-compliance with legislation and the S151 Officer will be unable to discharge her statutory duty.

5.3 Legal

Provision of an adequate audit service, demonstrated in part through the production of a suitable audit plan, contributes to the Section 151 officer being able to fulfil her statutory duties under the Local Government Act (1972).

5.4 Human Resources

The section has a complement of six full time posts and the audit plan has been developed based on a full complement of staff.

5.4.1 Based on current audit resources, the whole audit population would be covered in a five-year period. This is based on maintaining the status quo with both audit areas and staffing numbers. Audits will continue to be prioritised based on high risk areas.

5.5 Health and Safety

There are no direct health and safety implications arising from this report

6. **Supporting Evidence**

6.1 Performance Information and Data

The Internal Audit Plan currently operates on a five-year audit cycle with a one-year operational plan.

- 6.1.1 The number of audit days available is set at 1140 days for 2024/25 based on the audit establishment of 6FTE audit posts. Progress against the plan will continue to be monitored and reported through the year to both CLT and the Governance and Audit Committee.
- 6.1.2 The audit plan target percentage set at 73% for 2023/24 was not achieved in part due to staff changes throughout the year. However, the target plan percentage will remain at 73% for 2024/25 as it is considered to be realistic and achievable if the complement of staff is consistent throughout the year.
- 6.2 Expected outcome for the public  
An effective 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)  
There are no direct implications under involvement.
- 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 five-year strategic audit plan sets out the Authority's intent to consider the adequacy of its control environment and receive assurance on the robustness of its systems.
- 6.6 Collaboration / partnership working  
A number of audit areas that are included within the audit population are led by other local authorities. In these instances, reports are shared between authorities to confirm the level of assurance provided. For example, reports from Torfaen Council on the SRS audits.
- 6.6.1 The current plan is assessed on current operational arrangements, any future collaborative opportunities may impact on this plan.
- 6.7 Integration(across service areas)  
The audit plan is developed with a view to providing assurance on the whole of the Authority's control environment. Some audits are undertaken with a cross departmental approach.
- 6.8 Decarbonisation and Reducing Carbon Emissions  
There are no direct implications under Decarbonisation and Reducing Carbon Emissions.
- 6.9 Integrated Impact Assessment  
Not applicable

7. **Monitoring Arrangements**

7.1 Progress reports are provided to the Governance & Audit Committee throughout the year.

**Background Documents /Electronic Links**

- *Appendix A – Audit Plan*
- *Appendix B – Example Risk Assessment Matrix*

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Audit Plan 2024/25	
<u>Audit Area</u>	<u>Risk Assessment Score</u>
<b>Resources</b>	
Treasury Management - Loans and Investments	Audit Wales
Budgetary Control - Setting	Audit Wales
General Ledger	Audit Wales
Education Improvement Grant (RCSIG)	Standard
Pupil Development Grant	Standard
Charity Accounts - Bedwellty House and Park	Standard
Charity Accounts - Ebbw Vale Recreation Ground	Standard
<b>Regeneration &amp; Community Services</b>	
Enable Grant	Standard
Homelessness Grant	Standard
Homelessness Grants - No One Left Out	Standard
Rent Smart Wales	Standard
<b>Education</b>	
CRSA Schools (Annual Audit)	Standard
School Systems	Standard
Youth Support Grant (Annual Audit)	Standard
<b>Social Services</b>	
Supporting People Grant (RDC Post)	Standard
Supporting People Grant New Combined	Standard
<b>General</b>	
Performance Management	Standard
Audit Plan	Standard
Performance Reviews	Standard
AGS	Standard
Ad Hoc / Contingency / Follow Ups	Standard
Office Duties (incl. Cont. Stat & Auth Sigs)	Standard
Meetings	Standard
Governance and Audit Committee	Standard
Special Projects / Investigations	Standard
WCAG	Standard
Insurance & Risk	Standard
Anti Bribery, Fraud & Corruption Policy	Standard
Anti Money Laundering Policy	Standard
Contract Audit	Standard
Contract Procedure Rules	Standard
Departmental Flexi System Use	Standard
Departmental Internet / Email Use	Standard
Departmental Use of Social Media	Standard
Financial Procedure Rules	Standard
HR Policies	Standard
ICT Policies	Standard
Payment Methods	Standard
Quality Audit - DBS	Standard
Stocktaking	Standard
<b>Resources</b>	
Risk Management	Ongoing
<b>Commercial</b>	
Absence Management	Ongoing
Bravo CMS	Ongoing
Code of Conduct for Officers - Follow Up	Ongoing
Purchase Card Scheme - Follow Up	Ongoing
<b>Legal &amp; Corporate Compliance</b>	
Elections	Ongoing
<b>Regeneration &amp; Community Services</b>	
Asbestos Management Plans	Ongoing
Highways Development and Control	Ongoing
Planning Policy (incl. LDP)	Ongoing
Refuse and Recycling - Commercial	Ongoing
<b>Education</b>	
River Centre 3-16 Learning Community (F/Up in process &SI)	Ongoing
<b>Social Services</b>	
Community Meals	Ongoing
Locality Team (4)	Ongoing
Safeguarding Provider Services Adult	Ongoing

Key
Standard Items
High Risk Areas
Medium Risk Areas
Low Risk Areas
Ongoing Audits

<u>Audit Area</u>	<u>Risk Assessment Score</u>
<b>Resources</b>	
Petty Cash	Follow Up
Asset Register	98
Appointeeship / Deputyship Accounts	91
Council Tax CRSA	91
Debtors System CRSA	91
Leisure Trust	91
Property Charges	91
Social Services Debtors	91
Budgetary Control - Monitoring	84
Creditors - Central CRSA	84
Insurance	84
Medium Term Financial Plan	84
VAT	84
Capital Programme	77
<b>Commercial</b>	
Discretionary Housing Payments	98
Payroll	98
Car Loans	91
Flexi	91
Job Evaluation	91
Performance Appraisal Reviews Staff	84
Service Transformation	84
Community Hubs	77
Contact Centre	77
Corporate Communications Strategy	77
Ctax Fraud	77
ICT Collaboration	77
<b>Legal &amp; Corporate Compliance</b>	
Information Management	Follow Up
Monitoring Officer Role	84
Registrars System	84
Code of Conduct for Members	77
GDPR	77
<b>Governance &amp; Partnerships</b>	
Business Planning and Improvement	Follow Up
Re-settlement	84
Strategic Policy - Welsh Language	84
CCTV	77
Future Generations Act - Individual Duty	77
Strategic Policy - Equalities	77
<b>Regeneration &amp; Community Services</b>	
Building Control	Follow Up
Dangerous Structures	Follow Up
Temporary Accommodation	Follow Up
CATs	98
Green Infrastructure	91
Commercial Lettings	84
Cwmcrahen	84
Free School Meals	84
School Catering System	84
Support to Businesses - Shared Prosperity Fund	84
Waste Regulation	84
Cemeteries	77
Civil Parking Enforcement	77
Corporate Landlord - Property Maintenance	77
Health and Safety - Private Sector	77
Housing Strategy	77
Industrial Portfolio	77
Property Rentals	77
Trading Standards - Food Standards	77
Waste Enforcement / Front Line Service	77
<b>Education</b>	
Out of County Placements for Education	Follow Up
Education Welfare	91
Elected Home Education	91
Pen Y Cwm	84

<u>Audit Area</u>	<u>Risk Assessment Score</u>
<b>Social Services</b>	
Childrens' External Placements/Fostering (Residential)	Follow Up
Commissioning	91
Information Advice and Assistance (Adults)	91
Fostering Internal	84
Social Services Safeguarding	84
Supporting Change	84
Childcare Early Years & Play	77
Direct Payments (Administration)	77
Domiciliary Care - External	77
External Residential / Nursing Placements	77
Information Advice and Assistance (Children)	77
<b>Resources</b>	
Debtors Reconciliation	70
NNDR CRSA	70
School Funding / LMS	70
CIS Scheme	63
Creditors - Reconciliation	63
Direct Payments - Payments and Audit	63
Leasing	63
Reserves and Balances Protocol	63
Treasury Management - Bank Reconciliation	63
Write Off System	56
<b>Commercial</b>	
Education Recruitment Safeguarding (DBS)	70
Health and Safety	70
Housing Benefits / CTR Incl. Overpayments	70
iTrent Projects	70
Purchasing	70
Business Support (including General Offices)	63
Corporate Website	63
User Access	63
Workforce Development	63
Back Up and Retention	56
Clothing Grants	56
Exit Interviews / Terminations	56
Free School Meals	56
HR Policies	56
Performance Management	56
Settlement Agreements	56
Staff Expenses	56
Universal Credit	56
<b>Legal &amp; Corporate Compliance</b>	
Electoral Registration	70
Prosecution Process	63
Corporate Complaints	56
Whistle Blowing Policy	56
<b>Governance &amp; Partnerships</b>	
Corporate Engagement, Strategy and Approach	70
Community Safety	63
Decarbonisation	63
Democratic Function of the Council	63
National Performance Indicators	63
Committee Forward Work Programmes	56
Future Generations Act - Collective Duties (PSB)	56
Geographical Information Systems (GIS)	56
ICT System and Data Systems	56
Local Government and Elections Act	56
Local Performance Indicators	56

<u>Audit Area</u>	<u>Risk Assessment Score</u>
<b>Regeneration &amp; Community Services</b>	
Estates Licensing	70
Food Safety	70
Home to School / College Transport	70
Housing Maintenance (incl. Empty Homes, Enforcement Action, Loans)	70
Inspire to Work	70
Planning Applications	70
Planning Enforcement	70
Refuse and Recycling - Domestic	70
Trading Standards - Inspection, Enforcement and Advice	70
Traffic Management & Road Safety	70
Waste Disposal	70
Winter Maintenance	70
Aspire	63
Corporate Landlord - Carbon Reduction Commitment	63
Corporate Landlord - Energy Centre	63
Housing Allocations (Housing Access)	63
Road and Street Works Act	63
Street Lighting	63
Town Centre Regeneration	63
Asset Management	56
Breakfast Clubs	56
Licensing	56
Street Cleansing	56
<b>Education</b>	
Additional Learning Need	70
Community Focused Schools	70
Gypsy Traveller Services	70
Managing the School Estate - Forward Planning	70
Duke of Edinburgh	63
Education School Estate - Properties (including Health and Safety)	63
Facilities Management	63
Emergency Planning	56
Inspire (Work / Achieve)	56
<b>Social Services</b>	
0-25 Disability Team children	63
14+ Team (incl. Leaving Care)	63
Community Care (East)	63
Community Care (West)	63
Domiciliary Care - Internal	63
Families First Programme	63
Adult Mental Health	56
Occupational Therapy	56
Special Guardianship Team	56
Substance Misuse	56
<b>Resources</b>	
Grants to Voluntary Organisations	49
Third Party Contributions	49
<b>Commercial</b>	
Appeals Process	49
Communications	49
Corporate Marketing	49
Corporate Printing	49
Internal Communications	49
IR35	49
Recruitment and Retention	49
Redundancies	49
Social Media Accounts	49
Stand By Payments	49
Tusker Car Benefits Scheme	49
<b>Legal &amp; Corporate Compliance</b>	
Local Land Charges	49
Resilience	49
RIPA	49



<u>Audit Area</u>	<u>Risk Assessment Score</u>
<b>Governance &amp; Partnerships</b>	
External Regulation and Monitoring	49
Interaction with Town and Community Councils	49
Member Support and Guidance	49
Members Allowances and Expenses	49
Research and Intelligence	49
Scrutiny Function	49
Social Services and Well-being Act Performance Framework	49
Socio Economic Duty and Decision Making	49
<b>Regeneration &amp; Community Services</b>	
20 Church Street	49
Building Cleaning	49
Control of Pollution	49
Corporate Landlord - Property DLO	49
Destination Management	49
Disabled Facilities Grants	49
Disposal of Surplus Land	49
Grounds Maintenance	49
Heritage	49
Highway Development Control - Highways Infrastructure	49
Homelessness (Housing Options)	49
Markets	49
Part One Claims	49
Pest Control	49
Professional Services - Income / Design Services	49
Transport and Plant Hire (incl. Transport Stores)	49
<b>Education</b>	
Healthy Schools	49
NEETS Reduction	49
Psychology Service	49
School Admissions	49
Youth Clubs	49
<b>Social Services</b>	
Augusta	49
Bert Denning	49
Community Options - Lake View	49
Cwrt Mytton	49
Family Time Team/Contact Team	49
Flying Start	49
Outreach Service	49
Supported Living (Ty Celyn, Ty Lelog, Ty Pabi, Ty Rhosyn)	49

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**Appendix B**  
**Example Risk Matrix**

		1	2	3	4	5	<u>Assessed Score</u>
BUDGET	Consider budget amount; Is it over or under spent; what's being done about it; Is it income generated						21
CORPORATE OBJECTIVES	Where does the service sit with corporate priorities; is it politically sensitive; is it socially sensitive; is it subject to a service review or bridging the gap project						7
AUDIT HISTORY	What was the last audit grading; when was the area audited last; auditors opinion; are actions taken						14
REGULATORY REQUIREMENTS	Have the regulators made adverse recommendations; Are there statutory duties; are there changes to legislation						7
FRAUD	Have there been previous frauds, errors, thefts, etc.; are there fraud markers being hit e.g. no leave taken, change in patterns, behaviour; Is staff turnover high, inexperienced staff;						7
RISK	At what level do the risks sit; can they be easily mitigated; what is the impact of the risk being realised; what are the emerging risks; service changes						7
MISCELLANEOUS	Should the audit be deferred; Is the area a priority for audit; is there overlap with other regulators; manager concerns;						14
							<b>77</b>

Risk Score Key	
Standard	No Score
High	>70
Medium	50 -70
Low	0-50



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# Agenda Item 10

*Cabinet and Council only*

Date signed off by the Monitoring Officer: N/A

Date signed off by the Section 151 Officer: N/A

Committee: **Governance & Audit Committee**  
Date of Meeting: **19<sup>th</sup> June, 2024**  
Report Subject: **Complaints Information for Quarter 3 and Quarter 4 – 2023/2024**  
Portfolio Holder: **Councillor S. Thomas Leader/ Cabinet Member Corporate and Performance**  
Report Submitted by: **Andrea Jones, Head of Legal & Corporate Compliance**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Governance Audit Committee	Democratic Services Committee	Scrutiny Committee	Cabinet	Council	Other (please state)
	06/06/2024		19/06/2024					

## 1. Purpose of the Report

- 1.1 The report is to inform Members and Officers of the Council's performance with regards to investigations into Stage 1 and Stage 2 Corporate Complaints received for the period 1 October 2023 – 31 March 2024

## 2. Scope and Background

- 2.1 The Public Services Ombudsman (Wales) Act 2019 created the Complaints Standards Authority (CSA). Policy and Guidance were issued under the powers contained within Section 36 of the Act and they apply to public service providers in Wales.
- 2.2 The CSA produced a model Concerns and Complaints Policy to ensure consistency of complaints handling throughout Wales. The updated Concerns and Complaints Policy was adopted by the Council in July 2021. See Appendix 1 for copy of the Policy.
- 2.3 It has been reported previously that by virtue of section 115 of the Local Government and Elections (Wales) Act 2021, the Governance and Audit Committee now has additional functions to include a role in oversight for complaints.
- 2.4 The Committee has statutory powers to:
- Review and assess the authority's ability to handle complaints effectively
  - Make reports and recommendations in relation to the authority's ability to handle complaints effectively.
- 2.5 The Council is required to provide the CSA with complaints data on a quarterly basis and report to the Governance and Audit Committee the number and types of complaints received and their outcomes. Governance and Audit Committee agreed in June 2021 that this report is presented to Committee twice a year.

### 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 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 to the Complaints Standard Authority.

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 complaints information to members of the Governance and Audit Committee twice a year.

### 5. **Implications Against Each Option**

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

In certain circumstances the Council 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.

#### 5.5 ***Health and Safety***

There are no health and safety resource implications associated with this report.



## 6. **Supporting Evidence**

### 6.1 ***Performance Information and Data***

Appendix 2 – Performance Report and Appendix 3 – Complaints and Compliments dashboard.

### 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 Stage 1 with few complaints escalating to Stage 2.

### 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 Services Ombudsman (Wales) Act 2019 created the Complaints Standards Authority and they have produced a model Concerns and Complaints Policy to ensure consistency of complaints handling throughout 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***

The CSA will publish data to the PSOW website and 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 EqlA 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 – Concerns and Complaints Policy
- Appendix 2 – Performance Report
- Appendix 3 – Complaints and Compliments Dashboard



# Blaenau Gwent County Borough Council

## Concerns and Complaints Policy

Version 4 – April 2021

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**REVISION HISTORY**

<b>ISSUE DATE</b>	<b>VERSION</b>	<b>REASON FOR CHANGE</b>
March 2010	1	New Policy
July 2015	2	Reviewed and Updated
March 2018	3	Reviewed and Updated
April 2021	4	Reviewed and Updated at request of Public Services Ombudsman for Wales

## 1. Introduction

Blaenau Gwent County Borough Council is committed to dealing effectively with any concerns or complaints you may have about our services. We aim to clarify any issues you may be unsure about. If possible, we'll put right any mistakes we may have made.

We will provide any service you're entitled to which we have failed to deliver. If we did something wrong, we'll apologise and, where possible, try to put things right for you. We aim to learn from our mistakes and use the information we gain from complaints to improve our services.

## 2. When to use this policy

When you express your concerns or complain to us, we will usually respond in the way we explain below. However, sometimes you may have a statutory right of appeal e.g. against a refusal to grant you planning permission or the decision not to give your child a place in a particular school, so rather than investigate your concern, we will explain to you how you can appeal. Sometimes, you might be concerned about matters that are not covered by this policy e.g. when a legal framework applies and we will then advise you how to make your concerns known.

This policy also applies to how we will deal with complaints from members of the public relating to our compliance with the Welsh language standards, which we have a statutory duty to comply with under the Welsh Language [Wales] Measure 2011.

**This policy does not apply to 'Freedom of Information' or Data Protection /access issues.** For Freedom of Information, please contact the Freedom Information Officer, Blaenau Gwent County Borough Council, General Offices, Ebbw Vale, NP23 6DN, Tel: 01495 311556 or email [foi@blaenau-gwent.gov.uk](mailto:foi@blaenau-gwent.gov.uk)

**This Policy does not cover schools.** Each individual school has their own complaints procedure and full details of school's complaints procedures can be obtained directly from each of the Blaenau Gwent schools, contact details of which can be found at <https://www.blaenau-gwent.gov.uk/en/resident/schools-learning/school-contact-details/> Non-school related complaints need to be made to the Director of Education. Further advice and guidance on the Council's procedures can be obtained by contacting the Education Directorate via the following email address: [education.department@blaenau-gwent.gov.uk](mailto:education.department@blaenau-gwent.gov.uk) Also via the Council's complaints page <https://www.blaenau-gwent.gov.uk/en/council/compliments-complaints/>

Any complaints regarding Social Services will be addressed via the Social Services Compliments, Comments & Complaints Procedure. For further information visit [https://www.blaenau-gwent.gov.uk/en/council/compliments-complaints-social-services-complaints-](https://www.blaenau-gwent.gov.uk/en/council/compliments-complaints/social-services-complaints-)

The Corporate Complaints process is not able to address concerns and complaints regarding Councillors. Complaints should be directed to the Monitoring Officer, [andrea.jones@blaenau-gwent.gov.uk](mailto:andrea.jones@blaenau-gwent.gov.uk)

**Training for Council Employees.** We will make sure that our staff are trained to handle complaints effectively and receive appropriate training in the use of the Council's Complaints Policy. We will arrange workshops to take place in English or Welsh depending on the requirements of staff.

### **3. Who may put forward a concern**

Any member of the public who has received, or was entitled to receive, a service from the public service provider may make a complaint.

The person who experienced the problem should normally make the complaint. If you are making a complaint on behalf of someone else, we will need their agreement to you acting on their behalf.

### **4. Asking us to provide a service**

If you are approaching us to request a service, e.g. reporting a faulty street light, or requesting an appointment, this policy doesn't apply. If you make a request for a service and are not happy with our response, you will be able to make your concern known as we describe below.

### **5. Informal Resolution**

If possible, we believe it is best to deal with things straight away. If you have a concern, please raise it with the person you are dealing with. They will try to resolve it for you there and then. If there are any lessons to learn from addressing your concern, the member of staff will draw them to our attention. If the member of staff cannot help, they will explain why and you can then ask for a formal investigation.

### **6. How to express concern or complain formally**

**You can express your concern in any of the following ways:**

- Use the form on our website at <https://www.blaenau-gwent.gov.uk/en/council/compliments-complaints/corporate-compliments-complaints/>
- Ask for a copy of the form from the person with whom you are already in contact. Tell them that you want us to deal with your concern formally.
- Get in touch with our customer contact centre on 01495 311556 if you want to make your complaint over the phone.
- Email us at [info@blaenau-gwent.gov.uk](mailto:info@blaenau-gwent.gov.uk)
- Write to us at Corporate Complaints, Blaenau Gwent County Borough Council, The General Offices, Steelworks Road, Ebbw Vale NP23 6DN.

We aim to have concern and complaint forms available at our Community Hubs. Copies of this policy and the complaint form are available in English and Welsh and can be made available in other formats including audio or braille on request.

## 7. What is a complaint

### A complaint is:

- An expression of dissatisfaction or concern.
- Written or spoken or made by any other communication method.
- Made by one or more members of the public.
- About a public service provider's action or lack of action, or the standard of service provided.
- Something which requires a response.

It can be about the public service provider itself, a person acting on its behalf, or a public service provider partnership.

### A complaint is not:

- An initial request for a service, such as reporting a faulty street light.
- Reporting a fault or a service failure.
- An appeal against a 'properly made' decision by a public body.
- A means to seek change to legislation or to challenge a 'properly made' decision.
- A means for lobbying groups/organisations to seek to promote a cause.

## 8. Dealing with your concern

### Stage 1

- We will acknowledge your concern within 3 working days and let you know how we intend to deal with it.
- We will ask you to tell us how you would like us to communicate with you and establish whether you have any particular requirements – for example, if you need documents in large type.
- We will deal with your concern in an open and honest way.
- We will make sure that your dealings with us in the future do not suffer just because you have expressed a concern or made a complaint.

Normally, we will only be able to look at your concerns if you tell us about them within 9 months. This is because it's better to look into your concerns while the issues are still fresh in everyone's mind.

We may exceptionally be able to look at concerns which are brought to our attention later than this. However, you will have to explain why you have not been able to bring it to our attention earlier and we will need to have sufficient information about the issue to allow us to consider it properly. In any event, we will not consider any concerns about matters that took place more than three years ago.

If you are expressing a concern on behalf of somebody else, we will need their agreement to you acting on their behalf.

**What if there is more than one body involved?**

If your complaint covers more than one body e.g. Housing Association, we will usually work with them to decide who should take the lead in dealing with your concerns. You will then be given the name of the person responsible for communicating with you while we consider your complaint.

If the complaint is about a body working on our behalf e.g. contractors, you may wish to raise the matter informally with them first. However, if you want to express your concern or complaint to us, we will look into this ourselves and respond to you.

**Investigation**

We will establish details of your concern and make enquiries with the appropriate department. The complaints officer for the department will set out their understanding of your concerns and ask you to confirm that they are right. They will also ask you to tell us what outcome you're hoping to reach.

The person looking at your concern will usually need to see the files we hold relevant to your concern. If you don't want this to happen, it's important that you tell us.

If there is a simple solution to your problem, we may ask you if you're happy to accept this. For example, where you asked for a service and we see straight away that you should have had it, we will offer to provide the service rather than investigate and produce a report.

We aim to provide a response and outcome within 10 working days. If it is not possible to resolve your concern within this timescale, then the matter may be escalated to the formal investigation stage as outlined below.

**Stage 2**

If you feel that the stage 1 outcome has not addressed the details of your concern, then you may ask for us to escalate to the second stage of the process. You can ask the person dealing with your concern or contact Customer Services.

The stage 2 investigation will be carried out by the Corporate Complaints Officer and they will aim to resolve concerns as quickly as possible and expect to deal with the vast majority within 20 working days. If your concern is more complex, we will:

- Let you know within this time why we think it may take longer to investigate.
- Tell you how long we expect it to take.
- Let you know where we have reached with the investigation, and
- Give you regular updates, including telling you whether any developments might change our original estimate.

The person who is investigating your concerns will firstly aim to establish the facts. The extent of the investigation will depend upon how complex and how serious the issues you have raised are. In complex cases, we will draw up an investigation plan.



In some instances, we may ask to meet with you to discuss your concerns. Occasionally, we might suggest mediation or another method to try to resolve disputes.

We'll look at relevant evidence. This could include information you have provided, our case files, notes of conversations, letters, emails or whatever may be relevant to your particular concern. If necessary, we'll talk to the staff or others involved and look at our policies, any legal entitlement and guidance.

### **Outcome**

If we formally investigate your complaint, we will let you know what we find. If necessary, we will produce a report. We'll explain how and why we came to our conclusions.

If we find that we made a mistake, we'll tell you what happened and why.

If we find there is a fault in our systems or the way we do things, we'll tell you what it is and how we plan to change things to stop it happening again.

If we make a mistake, we will always apologise for it.

### **Putting Things Right**

If we didn't provide you with a service you should have had, we'll aim to provide it now, if that's possible. If we didn't do something well, we'll aim to put it right. If you have lost out as a result of a mistake on our part, we'll try to put you back in the position you would have been in if we'd done things properly.

If you had to pay for a service yourself, when we should have provided it for you, or if you were entitled to funding you did not receive, we will try to refund the cost.

### **The Ombudsman**

If we do not succeed in resolving your complaint, you may complain to the Public Services Ombudsman for Wales. The Ombudsman is independent of all government bodies and can look into your complaint if you believe that you personally, or the person on whose behalf you are complaining:

- Have been treated unfairly or received a bad service through some failure on the part of the service provider.
- Have been disadvantaged personally by a service failure or have been treated unfairly.

The Ombudsman normally expects you to bring your concerns to our attention first and to give us a chance to put things right.

You can contact the Ombudsman by:

- Phone: 0300 790 0203
- Email: [ask@ombudsman.wales](mailto:ask@ombudsman.wales)
- The website: [www.ombudsman.wales](http://www.ombudsman.wales)
- Writing to: Public Services Ombudsman for Wales, 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

In addition to the right to refer a complaint to the Public Services Ombudsman for Wales concerning the Welsh Language and our Standards if you feel that the complaint has not been resolved satisfactorily or that someone is interfering with your freedom to use Welsh, you may also complain directly to the Welsh Language Commissioner.

You can contact the Welsh Language Commissioner by:

- Phone: 0845 6033221
- Email: [post@cyg-wlc.wales](mailto:post@cyg-wlc.wales)
- Writing to: The Welsh Language Commissioner, Market Chambers, 5-7 St Mary Street, Cardiff CF10 1AT

## 9. Learning lessons

We take your concerns and complaints seriously and try to learn from any mistakes we've made. We share information and reports with senior management and Members via the most appropriate forum. We share summary (anonymised) information on complaints received and complaints outcomes with the Ombudsman as part of our commitment to accountability and learning from complaints.

Where there is a need for significant change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it. We will let you know when changes we've promised have been made.

## 10. What if you need help?

Our staff will aim to help you make your concerns known to us. If you need extra assistance, we will try to put you in touch with someone who can help. You may wish to contact organisations such as Citizens Advice Bureau, Advocacy Support Cymru, Older People's Commissioner for Wales, Children's Commissioner for Wales, Age Cymru, Shelter who may be able to assist you.

You can also use this concerns and complaints policy if you are under the age of 18. If you need help, you can speak to someone on the Meic Helpline:

1. Phone 0808 802 3456
2. Website [www.meiccymru.org](http://www.meiccymru.org)

or contact the Children's Commissioner for Wales. Contact details are:

3. Phone 0808 801 1000
4. Email [post@childcomwales.org.uk](mailto:post@childcomwales.org.uk)
5. Website [www.childcom.org.uk](http://www.childcom.org.uk)

## **11. What we expect from you**

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a concern or a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined.

We believe that all complainants have the right to be heard, understood and respected. However, we also consider that our staff have the same rights. We therefore expect you to be polite and courteous in your dealings with us. We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence. We have a separate policy to manage situations when we find that someone's actions are unacceptable.

## 12. Concern/Complaint form

**Please note:** The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B.

### A: YOUR DETAILS

<b>Surname:</b>	
<b>Forename(s):</b>	
<b>Title:</b>	
<b>Address and Postcode:</b>	
<b>Email Address</b>	
<b>Daytime Phone Number:</b>	
<b>Please state how you would prefer us to contact you:</b>	

**Your requirements:** If our usual way of dealing with complaints makes it difficult for you to use our service, for example if English or Welsh is not your first language or you need to engage with us in a particular way, please tell us so that we can discuss how we might help you.

### B: MAKING A COMPLAINT ON BEHALF OF SOMEONE ELSE.

#### THEIR DETAILS:

**Please note:** We have to be satisfied that you have the authority to act on behalf of the person who has experienced the problem.

<b>Their full name:</b>	
<b>Address and Postcode:</b>	

<b>What is your relationship to them?</b>	
<b>Why are you making a complaint on their behalf?</b>	

**C: ABOUT YOUR CONCERN/COMPLAINT**

*(please continue your answers to the following questions on a separate sheet(s) if necessary)*

<b>C.1</b> Name of the Department/Section/Service you are complaining about:
<b>C.2</b> What do you think they did wrong, or failed to do?
<b>C.3</b> Describe how you personally have suffered or have been affected.
<b>C.4</b> What do you think should be done to put things right?
<b>C.5</b> When did you first become aware of the problem?
<b>C.6</b> Have you already put your concerns to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so.
<b>C.7</b> If it is more than 9 months since you first become aware of the problem, please say why you have not complained before now:
<b>If you have any documents to support your concern/complaint, please attach them with this form.</b>

**Signature** ..... **Date** .....

# Blaenau Gwent County Borough Council

## Complaints and Compliments

### 2023/2024 Performance Report

For the period October 2023 to March 2024 inclusive

#### 1. Introduction

As a Local Authority there is a duty to have in place a complaints policy and procedure.

The procedure places the emphasis on the initial local resolution stage (Stage 1) with complainants being offered a discussion to resolve the matter. The second formal stage (Stage 2) provides for independent investigation. If the outcome of Stage 2 does not satisfy the complainant, recourse to the Public Services Ombudsman for Wales becomes available.

Citizens making complaints have a right to be listened to properly and have their concerns resolved quickly and effectively. The purpose of this report is to summarise these complaints and how they were dealt with. It will be used to help improve services and learn from what people are telling us. Work to this effect is being undertaken and the next report will include an update if any changes have been implemented as a result. It also highlights the compliments received in recognition of services provided that were above customer expectations.

Whilst this report focuses on a specific period, to enhance our complaints/compliments performance information an interactive dashboard has been developed allowing further insights to be gained. There is a “handy hints” section within it that helps explain how to use the links and the filtering. It is currently filtered to show the reporting period October to March but this can be changed by service area, quarter, year, timescale, stage and outcome to give the desired information. This can help identify trends over the past three years and help with learning and making improvements for the future.

#### How were complaints received during the period?

During October to March, 51 complaints were received across the Council. The methods by which these complaints were received are detailed below. The vast majority were either by email (39%) or by phone (57%). The same two categories formed the majority during the same period in the previous year. The split between email and phone saw a reversal with phone being the largest single method of contact.

Contact Method of Complaint	Number 2023 - 2024	Percentage of Total 2023-2024	Number 2022 - 2023	Percentage of Total 2022-2023	Direction of Change (Number)	Direction of Change (% Total)
Received via post	2	4%	4	6%	↓	↓
Received via email	20	39%	49	68%	↓	↑
Received via social media	0	0%	0	0%	↔	↓
Received face to face	0	0%	0	0%	↔	↑
Received via phone	29	57%	19	26%	↑	↓
Other	0	0%	0	0%	↔	↔
<b>Total</b>	<b>51</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>↓</b>	

## 2. Feedback Summary October 2023 – March 2024

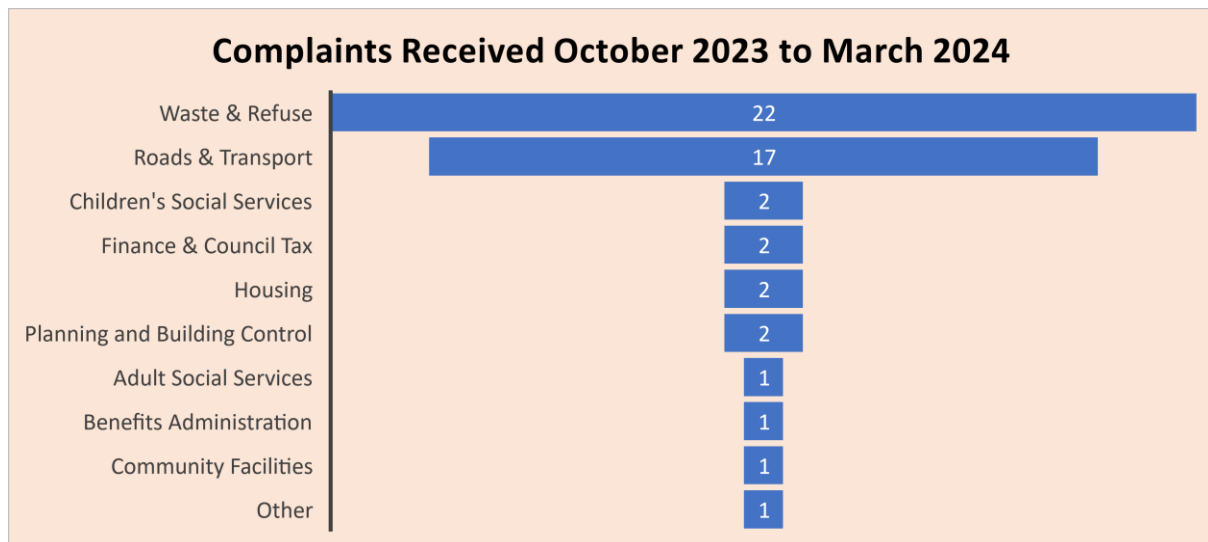
During the period, there have been 84 cases of feedback recorded across the Council. This compares to a total of 86 during the same period of the previous year. It shows a reduction in the number of complaints and an increase in the number of compliments.

Type of Feedback	Number 2023-2024	Percentage of Total 2023-2024	Number 2022-2023	Percentage of Total 2022-2023	Direction of Change (Number)	Direction of Change (% of Total)
Complaints	51	61%	72	84%	↓	↓
Compliments	33	39%	14	16%	↑	↑
Total Feedback	84	100%	86	100%	↓	

## 3. Complaint analysis

### Complaints Received – by service area / section

Of the 51 complaints, **43%** were related to Waste & Refuse, **33%** to Roads & Transport, **4%** each to Children's Social Services, Finance & Council Tax, Housing and Planning & Building Control and **2%** each to Adult Social Services, Benefits Administration, Community Facilities and Other. There were none relating to Complaint Handling, Education or Environment & Environmental Health categories (excluded from the “Complaints Received” chart below)



### Complainants

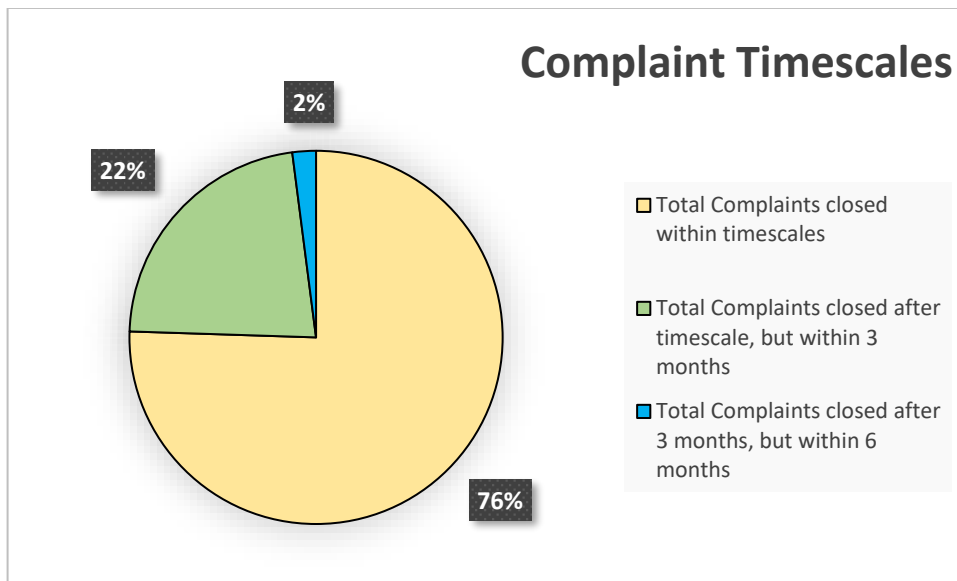
Complaints can be made by any member of the public. The majority of complainants act on their own behalf however if the complainant is unable to report the issue themselves, they can allow someone else to make the complaint on their behalf. The portion of complaints made during the period on behalf of others was around **6%**. This can be split further with around a **third** being made on behalf of parents, a **third** on behalf of other relatives and the remaining **third** on behalf of a friend or neighbour.



## Complaint Timescales

At Stage 1 the initial response will be within 3 working days and an outcome within 10 working days. If the complaint is not resolved and progresses to Stage 2, the aim is for resolution within 20 working days but if a case is complex this may not always be achievable so the complainant would be advised of the reason why and of the likely time needed to investigate and resolve. Complainants receive regular updates on the status of their complaint if, for any reason, we are unable to respond to a complaint within the timescales set in our “Concerns and Complaints” policy.

49 cases were closed (completed) during the period October 2023 to March 2024. Of those, just over three quarters (37) were in timescale. 11 were after timescale but within 3 months. Only 1 was after 3 months but within 6 months. None took longer than 6 months.



Percentage wise, the same period last year saw 44% closed within timescale and 49% closed after timescale but within 3 months, 7% were closed after 3 months but within 6 months. None took longer than 6 months. The numbers involved were 31, 34 and 5 respectively.

## Stage 2 Complaints

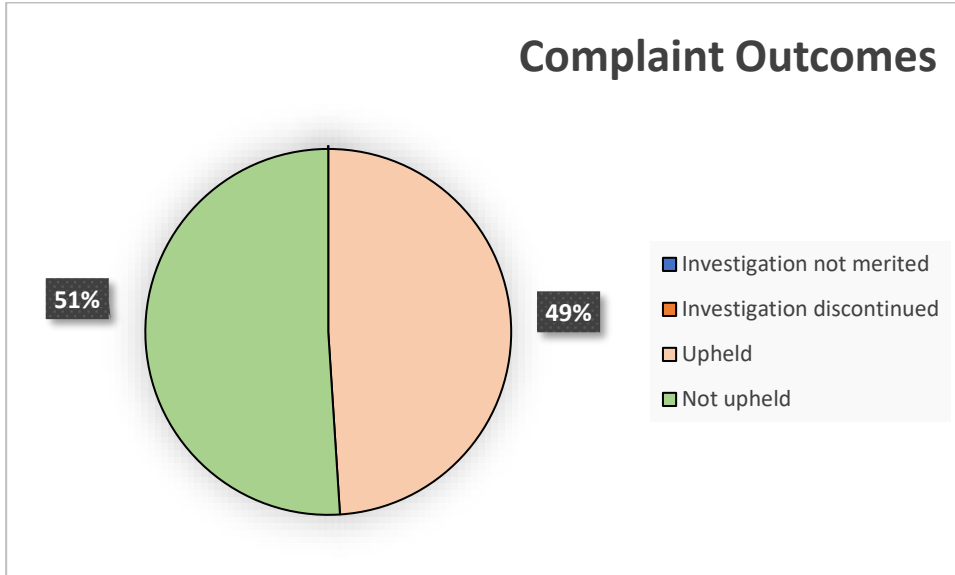
In addition to understanding the outcome and timescale of complaints, it is important to consider how many complaints progress beyond Stage 1. During the period, only 2 (4%) of the 49 completed cases had progressed to Stage 2, meaning that **96%** were resolved locally at Stage 1.

## Complaints Themes

Categorising complaints is difficult because they are wide and varied. Most service areas receive some complaints. Waste related complaints are a common theme. Typically they relate to missed collections and mess left after collections have been made. Highways and Estates also feature a lot, mainly concerning maintenance issues.

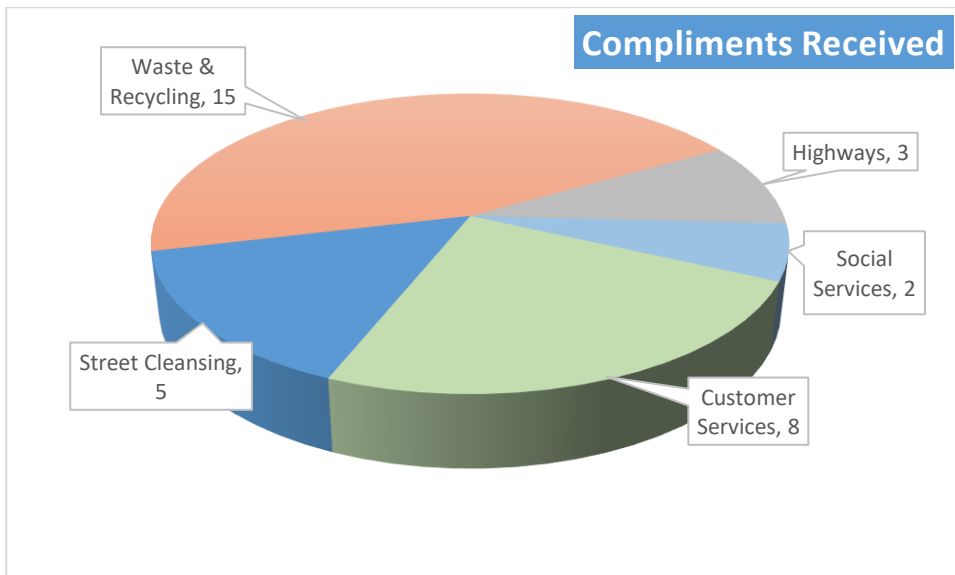
## Complaint Outcomes

Of those 49 complaints that were completed, there was a fairly even split between those upheld and those not. 25 (51%) were upheld, so just over half. 24 were not upheld (49%). None were recorded as either “investigation discontinued “or “investigation not merited”.



## 4. Compliment analysis

The Council received 33 reported compliments during the period October 2023 to March 2024.



The largest area concerned was Waste & Recycling (46%) with Street Cleansing at (15%) and Highways at (9%). This totals 70% of the compliments and compensates for Waste & Refuse and Roads & Transport which totalled 76% of compliments received.

Some quotes:

**Waste & Recycling** – “Lady has been unwell and was late putting refuse out this morning crew member seen she was struggling to get this out before they drove off and took the initiative to stop the lorry and go and assist her as it would of been another 3 weeks before collection. Lady really appreciates this and would like to pass this on to the crew”.

**Waste & Recycling** – " Lady has had a broken leg since May and wanted to state that the recycling crew have been wonderful to her and were to her late husband. Recently she was on the front door and a young lad off the crew passed by her door and asked if she was ok and did she need anything doing. She just wanted to say she was very grateful for the wonderful service and can we pass her thanks on please?".

**Waste & Recycling** – “Ebbw Vale civic amenity site. The crew are fabulous and really helpful and the site is great for residents to get rid of waste”.

**Street Cleansing** – “Lady wanted to pass on grateful thanks to the Contact centre staff and the street cleansing team for the great service she has received whenever she has reported an issue. Prompt and courteous”.

**Street Cleansing** – “Customer had reported an issue a number of weeks ago regarding mess in the back lane behind their property, customer would like to commend the street cleansing team on how effectively and rapidly they rectified the issue”.

**Highways** – “Lady would like to pass on grateful thanks to council staff in the contact centre and Highways. She reported the pavement last Tuesday and they marked it out on Friday. They then did the job this morning. They did a very good job the crew were lovely and tidied up after and felt it important that BGCBC were made aware of the great service she had experienced and wanted to pass on her grateful thanks”.

**Social Services** – “I would like to take the time and pass on my families and my personal thanks to the staff member who was fabulous at helping sort out issues for our late uncle. She dealt with our queries in an absolutely professional manner, but also in a kind and empathetic manner. Thanks ”.

**Customer Services** – “Wanted to say that whenever she rings in she finds staff in Contact Centre always pleasant, polite and helpful”.

Data Sources:

Complaints – Section 40 submissions - Local Authorities - quarterly reports submitted to the Public Services Ombudsman for Wales

Compliments – “My Council Services”, the Blaenau Gwent County Borough Council customer relationship management system (MCS / CRM)

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# Blaenau Gwent County Borough Council

## Complaints and Compliments

### 1. Introduction

As a Local Authority there is a duty to have in place a complaints policy and procedure.

The procedure places the emphasis on the initial local resolution stage (Stage 1) with complainants being offered a discussion to resolve the matter. The second formal stage (Stage 2) provides for independent investigation. If the outcome of Stage 2 does not satisfy the complainant, recourse to the Public Services Ombudsman for Wales becomes available.

Citizens making complaints have a right to be listened to properly and have their concerns resolved quickly and effectively.

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[Handy Hints on Filters & Links](#)

### 2. About this report

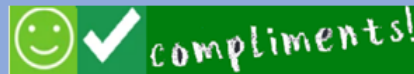
This is an interactive tool, designed to allow you to view the information in as much or as little detail as you wish.

Navigate using the various links. View the information using the various filters.

### 3. Using this report

Clicking on a link will take you to the relevant page. Use any available filters on that page to refine what is being displayed in the associated graph / chart etc.

For further information about links and filters, click on the handy hints in the list of contents



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