



Complete Agenda

Democratic Service
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Meeting

EXTRAORDINARY AUDIT COMMITTEE

Date and Time

2.00 pm, THURSDAY, 21ST JANUARY, 2016

**** Please note meeting start time ****

Location

Siambwr Hywel Dda, Council Offices, Caernarfon, Gwynedd. LL55 1SH

Contact Point

Bethan Adams

01286 679020

BethanAdams@gwynedd.gov.uk

(DISTRIBUTED 13/01/16)

AUDIT COMMITTEE

MEMBERSHIP (19)

Plaid Cymru (10)

Councillors

Aled Ll. Evans
Charles Wyn Jones
W. Tudor Owen
Vacant Seat

E. Selwyn Griffiths
Dilwyn Morgan
Gethin Glyn Williams

Sian Gwenllian
Michael Sol Owen
John Wyn Williams

Independent (5)

Councillors

Trevor Edwards
John Brynmor Hughes
Angela Russell

Thomas G. Ellis
John Pughe Roberts

Llais Gwynedd (2)

Councillors

Anwen J. Davies

Aeron M. Jones

Labour (1)

Councillor

Sion W. Jones

Lay Member

John Pollard

Ex-officio Member

Vice-Chairman of the Council

A G E N D A

1. APOLOGIES

To receive apologies for absence.

2. DECLARATION OF PERSONAL INTEREST

To receive any declaration of personal interest.

3. URGENT ITEMS

To note any items which are urgent business in the opinion of the Chairman so they may be considered.

4. EXTERNAL AUDIT REPORTS

1 - 66

To submit the report of the Head of Corporate Support.

5. THE COUNCIL'S SCRUTINY ARRANGEMENTS

67 - 83

To submit the report of the Senior Manager, Democracy and Delivery.

MEETING: **AUDIT COMMITTEE**

DATE: **21 January 2016**

TITLE: **External Audit Reports**

PURPOSE: **To submit a summary of implementation steps established by the services in response to external audit reports and their recommendations for consideration by the Audit Committee**

AUTHOR: **Geraint Owen, Head of Corporate Support**

CABINET MEMBER: **Councillor Dyfrig Siencyn**

I. INTRODUCTION

I.1 One of the primary duties of the Audit Committee as outlined in the Local Government (Wales) Measure 2011, is to **review and assess the authority's risk management, internal control and corporate governance arrangements**. The Statutory Guidelines published pursuant to the Measure states that, in order to do this, the Committee needs to:

- *“report on the adequacy of the authority's risk management and internal control arrangements, and comment on their effectiveness, as well as following up on risks identified by auditors and requiring reports as to action taken in response;”* and
- *“the authority will need to ensure there is no unnecessary duplication between the audit committee and any overview and scrutiny committee in considering such reports”*.

I.2 At its meeting on 3 December 2013, the Audit Committee approved new arrangements of reporting in order to strengthen governance arrangements and scrutiny of the main reports avoiding any duplication or vagueness. The principal reports are:

- ESTYN Reports
- Care and Social Services Inspectorate Wales (CSSIW) Reports
- Annual Reports of the Wales Audit Office (WAO)

I.3 The Audit Committee has a responsibility to ensure that arrangements and processes are in place to ensure that any recommendations included in external audit reports are implemented.

I.4 The Scrutiny Chairs Forum at its meeting on 24 January 2014, accepted the proposal for the relevant scrutiny committees to scrutinise the principal external audit reports, and this arrangement continues.

- 1.5 A summary was submitted to the Audit Committee of the action steps established by the services in response to the external audit reports and their recommendations. The summary was submitted to the committee as the recommendations of the main reports or any other substantive recommendations came to our attention.
- 1.6 It has now become apparent that we need more thorough arrangements to enable the Audit Committee to satisfy itself that the action steps to respond to the improvement proposals of external auditors' reports have been implemented.
- 1.7 Submitted in Appendix I therefore, is a list of inspections held by external auditors over the past three years together with their proposals for improvement, their action plans and their progress to date. The committee will need to consider whether it is satisfied with the progress which has taken place.
- 1.8 This arrangement is proposed as an arrangement for the future for the Audit Committee to be satisfied about the Council's actions to respond to external auditors' reports. National reports will be included in the arrangements in future.
- 1.9 In order for the Audit Committee to fulfil its role in full and receive assurance that all the of the external auditors recommendations receive due attention, it is proposed that the the proposals/recommendations will continue to be presented to the Committee until it is satisfied either that the proposal/recommendation have been implemented, or that it is no longer relevant.
- 1.10 The Committee can satisfy itself on the progress of the proposal/recommendation by considering the comments that have been submitted in Annex I, or by requesting that members or officers to attend a meeting of the Committee to provide further clarification.
- 1.11 When the Committee is satisfied that the proposal/recommendation has been completed, the proposal/recommendation can be removed from the list that is presented every 6 months.
- 1.12 Of the 74 proposals/recommendations contained in Appendix I, a summary of progress on them is as follows:

Progress	Number
Not started	9
Being planned	4
In progress	30
In progress (continuous)	2
Completed	22
Completed (continuous)	4
Completed to a large extent	3
Total	74

1.13 It is seen that 29 out of 74 have been completed, or have been completed to a large extent.

2.0 Summary of the reports in Appendix I

Below is a summary of the reports in Appendix I.

2.1 Annual Improvement Report WAO 2012-13 (1.1.1 in Appendix I)

The action steps agreed upon to respond to this report have been completed.

Recommendation: The the committee accepts the evidence that the action steps to respond to this report have been completed.

2.2 Annual Improvement Report 2013-14 (1.1.2 in Appendix I)

The report did not include neither a new proposal nor improvement.

2.3 Annual Improvement Report WAO 2014-15 (1.1.3 in Appendix I)

Improvement has happened on the action steps which were agreed, and the work is continuing.

2.4 Annual Performance Evaluation CSSIW 2012-13 (1.2.1 in Appendix I)

Progress has happened on the action steps agreed following the 2012-13 performance evaluation, and the services were evaluated again as part of the CSSIW Annual Performance Evaluation in 2013-14.

2.5 Annual Performance Evaluation CSSIW 2013-14 (1.2.2 in Appendix I)

Progress has happened on the action steps agreed upon, and the work is continuing.

The CSSIW Annual Performance Evaluation 2014-15 has now been completed, and an action plan in response to the areas for improvement noted is expected.

Recommendation: To consider the CSSIW Annual Improvement Evaluation 2014-15.

2.6 Annual Performance Evaluation CSSIW 2014-15 (1.2.3 in Appendix I)

The report was published on 30 October 2015, and the conclusions of the report are being considered by the Services Scrutiny Committee on 26 November 2015. A responding action plan is expected.

2.7 Estyn 3 year inspection: Inspection on the Quality of Gwynedd Local Authority Education Service for children and young people during March 2013 (1.3.1 in Appendix I)

The progress information in the report provides evidence of the progress made during the period following the inspection to Estyn's final visit in December 2014.

Following that inspection, a letter was received recording Estyn's monitoring results:

" Gwynedd Council is judged to have made sufficient progress in relation to the recommendations that arose from the inspection in March 2013. As a result, Her Majesty's Chief Inspector of Education and Training in Wales is removing the authority from follow-up activity".

2.8 Local Authorities Safeguarding Children Arrangements – Gwynedd Council (WAO) – October 2014 (2.1 in Appendix I)

It is clear that progress has happened on the action plan to respond to the proposals for improvement.

2.9 Gwynedd Domiciliary Care Services Review by CSSIW – March 2014 (2.2 in Appendix I)

Arrangements are offered to monitor the implementation of the action plan which was agreed following the review.

2.10 National review of the use of deprivation of liberty safeguards (DOLS) in Wales 2014 – Gwynedd Local Authority and Betsi Cadwaladr University Health Board (CSSIW) (2.3 in Appendix I)

An action plan to respond to the proposals noted in the review is expected.

2.11 Gwynedd Fostering Service (CSSIW) – January 2015 (2.4 in Appendix I)

It is noted in the report: “We did not identify any areas of non-compliance with the requirements of The Fostering Services (Wales) Regulations 2003; however we have identified areas where practice could be further developed to assist in improving the standard of the service provided.”

It is noted that any recommendations will be included in the department’s work plan.

2.12 Housing and Council Tax Benefit Service Review (WAO) 2012 (2.5 in Appendix I)

Comprehensive evidence is offered in the report on the progress made to respond to the WAOs proposals for improvement.

Recommendation: That the Audit Committee considers to what extent the evidence offered on progress in the action plan is sufficient.

2.13 Gwynedd Council Information Management Feedback (WAO) 2012 (2.6 in Appendix I)

The evidence offered on the progress made to date to respond to the proposals for improvement suggest that further monitoring work is required before the action plan which was agreed is completed.

3.0 Recommendations

3.1 The committee will need to decide which ones of the recommendations and proposals for improvement in the auditors’ reports listed in Appendix I it is satisfied that have been implemented. It can decide if it is to call any matter in for further consideration, either to the full committee or to the Controls Improvement Working Group.

3.2 That the Audit Committee approves this arrangement as an arrangement for the future so that the committee can be satisfied with the Council’s actions to respond to external auditors’ reports, including national reports.

1. ANNUAL AUDITS

1.1 Annual Improvement Report – Wales Audit Office

1.1.1 Year 2012-13

The table below includes the Wales Audit Office's proposals for improvement and the Council's implementation plan opposite each proposal

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P1	Increase stakeholder participation in improvement planning and evaluation.	Head of Strategic and Improvement	We will be using the voice of the users/citizens when assessing which matters will need attention in the Strategic Plan. In terms of contact with partners, we will hold a regular dialogue with the work on the Single Integrated Scheme. The timetable for planning the improvements allows more time this year for a dialogue with stakeholders when reviewing the proposals.	April 2014	Arrangements for stakeholder participation have been integrated in the preparation work for the Strategic Plan e.g. using the material from the Gwynedd Challenge consultations and the work of creating the Single Integrated Plan.	Complete
P2	Include more comprehensive and better quality performance measures, baseline data and targets in the Improvement Plan.	Head of Strategic and Improvement	The Cabinet has agreed to arrange to review the Strategic Plan which will specifically address improving clarity and assertiveness in relation to indicators and targets.	April 2014	The Improvement Plan has shown progress since 2012-13, so that it includes measures that are important to the people of Gwynedd and which affect their circumstances and show a clear link with the outcomes. Also trends are highlighted and the plan sets a clear ambition. Comparative data is included when reporting on performance.	Complete
P3	Provide better alignment and links between the improvement objectives, key performance measures and the national strategic indicators in the Improvement Plan.	Head of Strategic and Improvement	From 2014/15 onwards, the Council intends for all relevant performance indicators and national indicators to be placed under the relevant improvement objectives in order to highlight the link between them.	April 2014	The performance measures and the national indicators have been included under the relevant improvement objectives in Performance Reports from 2013-14 onwards.	Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P4	Establish a rolling programme of reviews to support the annual self-assessment of the governance framework. The first year of the programme should include evaluations of the effectiveness of: <ul style="list-style-type: none"> • the annual performance self-assessment; • the roles of the Corporate Management Team, Informal Cabinet and the chairs and vice-chairs of the Scrutiny Forum in identifying and addressing areas of underperformance against the improvement objectives; and • the work of the three scrutiny committees in identifying the effects of Council policies on the residents of the county. 	Head of Finance	As noted by the auditor in his letter, a Governance Arrangements Assessment Group has been established which includes representation from the Corporate Management Team, the Monitoring Officer, Audit and Risk and Strategic and Improvement. The group will meet approximately four times a year, drawing up a work programme for the year with the annual cycle ending with the submission of the draft Annual Governance Statement to the Audit Committee in July. The Auditor's suggestions will be duly addressed when drawing up the work programme until July 2014.	28/2/2014	The Governance Arrangements Assessment Group continues to hold regular meetings. It meets on a monthly basis for the period up to summer 2016. The Group continues to assess elements of the Council's Governance Framework, and commissions improvements – through the Strategic Plan as needed – in order to maintain its role in assessing the governance arrangements.	Complete
P5	Ensure the outputs from the self-assessment of the governance framework are regularly and robustly scrutinised and challenged by the Corporate Management Team and the Audit Committee.	Head of Finance	The Corporate Management Team and the Audit Committee will receive regular feedback on the developments described in the response to P4 above.	31/3/2014	See the Audit Committee's Forward Programme, which is a separate item on the agenda, for details of when the Committee will consider the 'Governance Framework Self-assessment'. The Management Group, which includes the Corporate Management Team and the heads of department, receives updates during the key steps, such as giving input to the Annual Governance Statement.	Complete
P6	Ensure the Audit Committee receives all regulators' reports and evaluates and challenges improvements to the governance arrangements from the	Head of Strategic and Improvement	Discussions have already been held between Finance and Strategic and Improvement officers in order to strengthen the effectiveness of the reports by regulators which are submitted to the Committee and to consider the role of the Committee and the requirements of the Local Government (Wales) Measure 2011. From now on, the Committee will receive regular reports	31/12/2013	Arrangements have been in place to submit the six monthly reports. From now on, in addition to receiving information on how the Council responds to audit report recommendations, the Committee	Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as
	implementation of the recommendations in the reports.		(at least every six months) on how the Council response to recommendations and proposals of Wales Audit Office, Estyn and Care and Social Services Inspectorate Wales.		will receive copies of the full action plans.	<ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P7	Reach early agreement on the further efficiencies, improved demand management and service cuts necessary to meet the £16.1 million required from these areas over the next four years.	Head of Strategic and Improvement	<p>At the time of the last Audit, the Council had already drawn up a four year plan for the 2013/14 – 2016/17 period with schemes already in place for meeting the financial deficit in 2013/14 and 2014/15. We identified that more schemes would be required in 2015/16 and procedures were in place to do this.</p> <p>By now the deficit for 2014/15 will be much more than expected and the Cabinet will be revisiting the strategy. It is considered that we will be able to deal with the 2014/15 situation by following the same route as the original plan but by changing some elements within that strategy and using some of the balances in order to buy time until such time as more savings schemes will be available from September 2014 onwards.</p> <p>The programme for finding those savings is in hand and we will be providing details on it over the coming two months.</p>	April 2014	<p>Completed. The Savings Strategy 2010-2013 report was submitted to the Council Board on 01/12/09 where savings worth £16m were approved.</p> <p>On 14/12/10, and following consideration by the Principal Scrutiny Committee, the Financial Strategy 2011/12 – 2014/15 report was submitted to the Council Board to approve further savings work £11m based on 1% efficiency savings across department budgets and Corporate Efficiency.</p>	Complete

1.1.2 Year 2013-14

It did not include a new proposal or recommend any improvement.

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

1.1.3 Year 2014-15

Presented to the Corporate Management Team, Cabinet Members, Heads of Service, Chairs and Vice-Chairs of the Scrutiny Committees and the Audit Committee on 30th July 2015. The report includes the following proposals for improvement:

Governance and Performance

Ref	Further proposals for improvement	Responsibility	Implementation Plan	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P1	Review its working practices against the recommendations in the Auditor General's 2014-15 Local Government National Reports and implement improvements.	Chief Executive	Sicrhau fod y materion sydd wedi eu codi yn argymhellion Adroddiadau Cenedlaethol 2014-15 yr Archwilydd Cyffredinol yn derbyn sylw drwy'r drefn rheoli perfformiad.	The Governance Group has considered the matter and has identified that as the Audit Committee is responsible for ensuring that the Council has suitable governance arrangements in place that this Committee should receive regular reports noting the recommendations of the District Auditor in his various reports and should note what happens to those recommendations. The Audit Committee will then be able to assess whether our response is appropriate or whether there is a need to express concern.	Complete
P2	Participate more fully in the Welsh Government's Waste and Resource Action Plan to validate and/ or improve waste recycling and cost reduction plans.	Head of Highways and Municipal	Application made to the Welsh Government to carry out an exercise 'Toolkit Waste & Resources Action Programme'(WRAP) under the 'Collaborative Change Programme' (CCP). No budget available under the Welsh Government Programme to undertake this work this year, but is willing to consider this for 2016/17.	A specific scoping meeting has been held with WRAP and a draft copy of the work programme and what they will be looking at is expected at the end of January.	In progress
P3	Identify and/or develop performance indicators that enable progress against the objectives in the Ffordd Gwynedd Strategy to be measured.	Chief Executive		Relevant indicators have already been included in section 8 of the Ffordd Gwynedd Strategy that was adopted by the Cabinet on 14 July.	Complete
P4	Ensure – in conjunction with its partners – that the Joint Local Service Board has sufficient resources to enable it to discharge its responsibilities effectively, including the update of the Single Integrated Plan.	Delivering and Supporting Change Service Senior Manager		Resources paper to be submitted to the Board's Lead Group in December outlining what is expected of the Partnership Unit until March 2017 and the resources needed to meet the requirements. Agreement on 2016/17's budget and further discussions to agree support to the new Public Services Board post April 2017.	In progress

1.2 Annual Review and Evaluation of Performance of the Care and Social Services Inspectorate Wales (CSSIW)

1.2.1 Year 2012-2013

The report was presented to Cabinet on 28 January 2014, and to the Services Scrutiny Committee on 13 February 2014. Below is the progress report against the recommendations:

ACTION	Leader	Implementation Plan	By when	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
1. Forming Services					
i. Maintain the momentum in terms of reorganising residential services for older people	Corporate Director	Transformation of Older People Services Project 2013-14 Action Plan (specifically aiming to seek better collaboration with the Health Service): Residential Care <ul style="list-style-type: none"> • Consider the recommendations of the Porthmadog accommodation and care assessment • Identify a way forward for the provision in the Porthmadog catchment area • Implement a programme of engagement on the way forward • Agree on the way forward with the Council's residential homes • Open a purpose-built Respite Unit as a pilot • Develop proposals in order to provide a range of beds which meets the demand through the Adults Service's End to End 	March 2014	Recorded within the Evidence Grids of the 2013/14 CSSIW Annual Report: 6b.4 Hafod y Gest: During the year, the recommendations of the Porthmadog accommodation and care assessment were considered, and a way forward was identified for the provision in the Porthmadog area. At the end of 2013-14 the Council Cabinet agreed to close the Hafod y Gest Residential Home and it was decided to sell the site to Cymdeithas Tai Eryri. By now, draft plans have been drawn up by Tai Eryri to construct Extra Care Housing on the Site and it has also submitted a draft business case to the Council. The hope is to secure planning permission for the development in September 2014 and to commence work on the site in March 2015. As part of the efforts it was ensured that an engagement programme was implemented throughout the duration of the work in Porthmadog including meetings with local elected members and regular communication with residents, their families and staff. The Council's Residential Homes: A report on rationalising residential provision is being produced in order to rationalise service needs and to make the best use of resources. Respite Unit: In order to be able to plan to meet the increasing demand in coming years, it is intended to establish respite care units in the three areas. To this end, during the year a pilot scheme was established in Plas Pengwaith residential home in Llanberis for people aged 65+. The unit will accommodate up to 7 people, and will be seen as a separate unit from the remainder of the home, which offers long term care. Using the Council's home enables us to open a respite unit at no extra cost. A baseline can be established for use and planning following the pilot period.	In progress (but large parts have been completed)

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

		Review		<ul style="list-style-type: none"> • The Uned Lleu in Plas Gwilym is operational, with six beds for Enablement. • Respite Unit at Plas Pengwaith. • Extra Care Housing Units being developed in the three areas. 	
ACTION	Leader	Implementation Plan	By when	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
2. Seeking support					
i. Predict the demand for community support	Corporate Director	<ul style="list-style-type: none"> • Continue to monitor in order to anticipate the demand • Research and analysis in relation to demographic changes and the impact on the service 	<p>March 2014</p> <p>Continuous</p>	<p>Continue to monitor. Enablement means that service user figures increase during the year. Demographic analysis work is a key part of the planning cycle as these details will be submitted by the department to ensure that changes to demography are reflected within budgets.</p>	In progress (continuous)

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

ACTION	Leader	Implementation Plan	By when	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
ii. Develop the range of services in the community for adult services	Corporate Director	Transformation of Older People Services Project 2013-14 Action Plan and specifically: <ul style="list-style-type: none"> • Identify day car and accommodation models for people with Learning Difficulties 	March 2014	5b.9 Evidence Grids An exciting £1.5 million development is afoot to construct six one bedroom bungalows and one two-bedroom bungalow for tenants with learning disabilities on land at Pant yr Eithin, Harlech. This is a joint development between Cymdeithas Tai Eryri and Gwynedd Council to develop a new accommodation model that will meet the needs and long term aspirations of tenants with Learning Disabilities and promote their independence. It is hoped to complete the plan before the end of 2014-15.	In progress but elements have been completed
iii. Develop the range of services in the community for children services	Head of Education	Additional Learning Needs Project Action Plan 2013-14 and specifically: <ul style="list-style-type: none"> • Agree on a new model of providing educational experiences and opportunities for children with Additional Learning Needs • Decide on possible sites for establishing a new Special Education Centre of Excellence in the Dwyfor-Meirionnydd area. 	March 2014	New Strategy – in progress and to be presented to the Cabinet in January 2016. New Meirion / Dwyfor Special Education Centre of Excellence – In progress. The new building being built.	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

ACTION	Leader	Implementation Plan	By when	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
iv. Develop the range of services in the community for children services	Corporate Director	<ul style="list-style-type: none"> • Bring together the preventative and statutory services for children 	March 2014	The statutory services and the preventative service for children, young people and their families (Flying Start and Gyda'n Gilydd) were brought under a new Department led by a Head of Service since April 2014.	Complete
v. Develop the range of services in the community for children services	Head of Children and Families Department	<ul style="list-style-type: none"> • Develop proposals in order to discover a method of offering better value for money in offering an effective service through the Children Service's End to End Review 	March 2014	A children's 'End to End' report was submitted to the Cabinet in January 2014 and approval was given to proceed with two of the review's six recommendations. These were specifically related to establishing the Edge of Care Team and establishing arrangements for scrutinising placements within the service. The Edge of Care team has been operational since January 2015 and works with a number of families to stop children from entering care, or to return children to their parents when it is safe to do so soon after they become looked after. The team operates within the service's placements strategy and a report will be submitted to the Corporate Parent Panel and the Cabinet on the team's work in the new year. The Placements Scrutiny Panel is held every month and is chaired by the Head of Service.	Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

		<p>University Health Board regarding the specialist dementia day care provision</p> <p>Telecare</p> <ul style="list-style-type: none"> • Complete a review of the telecare business case • Agree on the way forward 			<p>Completed and identified a way forward. While they continue with the relationship with Care and Repair they have also established a development plan and have planned to make savings of around £700k</p>
ii.	<p>Ensure prompt review for looked after children in accordance with statutory guidelines.</p>	<p>Head of Children and Families Department</p> <ul style="list-style-type: none"> • The Children and Families Service to continue to monitor closely and receive reasons from the Chair of Case Conferences for every conference which is late. 	<p>Continuous</p>	<p>There has been continuous improvement over recent years in reaching the deadline for undertaking looked after children statutory reviews:</p> <p>12/13- annual performance was 75.4%</p> <p>13/14- annual performance was 94%</p> <p>14/15- annual performance was 91%</p> <p>This year's target is set between 92% and 95%</p> <p>The reviewing officers keep a record of the reasons why reviews are held after the deadline so that the Management Team can monitor the information to ascertain whether any patterns emerge to the extent that specific intervention is required.</p>	<p>Complete (continuous)</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

ACTION	Leader	Implementation Plan	By when	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
iii. Improve the process of planning education for looked after children	Head of Children and Families Department / Head of Education	<ul style="list-style-type: none"> • The Children and Families Service to continue to monitor closely. • There is an important role for the Vulnerable Groups Education Co-ordinator to secure this and raise awareness in Gwynedd schools regarding the importance of completing the personal education plans in a timely manner. 	Continuous Continuous	<p>The situation in terms of completing the personal education plans of looked after children for this year has seen a decline with the cumulative performance at the end of quarter 2 demonstrating that 8% of the number that needed to be completed was completed on time. The Children’s Service has referred the matter to the attention of the Corporate Director at the beginning of November in order to intervene to ensure that an action plan is put in place to improve performance.</p> <p>In previous years, the performance was as follows: 13/15 – 87% 14/15 – 82.1% A target of 85% of plans completed on time has been set for this year.</p>	In progress
iv. Ensure health services for looked after children	Head of Children and Families Department / BCUHB	<ul style="list-style-type: none"> • The Children and Families Service to continue to monitor closely. • Continue to hold the discussion with the BCUHB to ensure that the arrangements for implementing health assessments are reviewed in a timely manner. 	Continuous Continuous	<p>Discussions have been held with the Betsi Cadwaladr University Health Board for a number of years to ensure an improvement in the timeframes for undertaking health assessments. Historically, performance in Gwynedd has been low: 13/14 – 46% 14/15 – 50.6%</p> <p>Cumulative performance up to the end of quarter 2 this year demonstrates an improvement with 63.4% of the expected assessments being undertaken on time. A target of 60% was set to aim for, and this year’s outlook is promising.</p> <p>Regular discussions take place at the Corporate Parent Panel on practice in this field with officers from the Health Board being called to report on improvement steps jointly with the Local Authority.</p>	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

ACTION	Leader	Implementation Plan	By when	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
5. Delivering Social Services					
i. Establish a quality assurance system in the services for adults.	Corporate Director	<ul style="list-style-type: none"> • In terms of data – develop a new system which will draw out data directly from the Department’s Data Recording Management system and will report on data quality. • Use the new system to report on a quarterly basis. • Prepare, develop and promote guidelines for using the system for employees within the priority fields. • Draw up and agree on a quality assurance strategy across the service. 	March 2014 October 2013 Continuous March 2014	A new system was developed by March 2014 in order to draw out data directly from the Department’s Data Recording Management system and highlight any matters relating to data quality. It will be used from now on for the purpose of reporting on performance or management data as needed. The work of forming a quality assurance strategy is ongoing with a view to complete it by the end of March 2015, however further work has been scheduled for 2015/16 (this matter has carried to the 2013/14 Annual Letter below).	Being planned
ii. Ensure regular and constant staff supervision.	Corporate Director / Head of Children and Families Department	<ul style="list-style-type: none"> • Develop and agree on a formal policy and procedure. • Consider various options for the monitoring procedure including agreeing on the procedure to be adopted. • Implement the procedure. 	October 2013 March 2014 Continuous	The requirements of supervision relating to registered social workers is clear and there is a supervision policy in place. The Department is committed to offering formal supervision to every front line worker (including those who are not qualified) every month, and this extends to the Senior Managers within the Department. Supervision monitoring arrangements take place at meetings between Senior Managers and their team managers and through individual file audits.	Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

ACTION	Leader	Implementation Plan	By when	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
6. Provide a direction					
i. Ensure that connections, protocols and professional advice support the statutory director.	Corporate Director	<ul style="list-style-type: none"> • Review to be undertaken by the Statutory Director. • Develop a work programme in order to respond based on the structure, systems, staff skills and management culture. 	March 2013 Continuous	<p>Evidence Grid 4(4.11) The following was accomplished during 2013-14:</p> <ol style="list-style-type: none"> 1. Adopt and implement Gwynedd Council's Policy and Guidelines for Safeguarding Children and Adults 2. Designated Managers have been appointed for each Service 3. Departmental safeguarding Policies have been formulated and approved by the Strategic Safeguarding Panel. 4. A Safeguarding Children and Vulnerable Adults Training Programme has been created to provide staff training. 5. A corporate e-learning module has been developed 6. Training has been developed and is now being provided to Elected Members 	Complete
ii. Implement the corporate safeguarding policy	Corporate Director	<ul style="list-style-type: none"> • The Corporate Strategic Panel to raise awareness amongst staff and Gwynedd Council members regarding their safeguarding responsibilities. • Prepare and adopt Corporate and Departmental Policy and Guidelines for Safeguarding Children and Adults. 	Continuous May 2013	<p>Evidence Grid 4(4.11)</p> <p>Corporate awareness of Adult Safeguarding matters has also increased over the last year with the establishment of the Strategic Safeguarding Children and Adults Panel. A draft corporate policy has been formulated. (The document was submitted to Cabinet on 30 April 2013 and to the Full Council on 2 May 2013 for approval).</p> <p>Corporate Parent Panel In light of the expectations of the Children Act 1989 and the Children Act 2004 a Corporate Parent Panel has also been established as a consultative panel to advise Gwynedd Council's Cabinet on matters regarding the welfare and interests of Gwynedd Council's looked after children. The new-look Corporate Parent Panel was established in July 2012. Panel meetings are held every quarter; however, it reserves the right to call an urgent meeting should the need arise. The Panel reports to the Cabinet and to individual Cabinet members in relation to matters within their portfolios. The Panel receives direction and information about good practice and best practice from specialist officers who are members of the Panel. Attention is given to best practice on a national and international level and such examples are reported upon as relevant.</p>	Complete (continuous)
iii. Ensure corporate support for looked after children, in particular in the education planning field.	Corporate Director	<ul style="list-style-type: none"> • Develop a Strategy • Implement the Strategy. 	April 2014 Continuous from April 2014	The Corporate Parenting Strategy is in the process of being completed, and there will be a focus on securing education support for looked after children. The strategy has been in draft form for some time, and after losing a post, there was further delay in completing the work. Since October 2015, it has been decided that the executive responsibility for the work of the Corporate Parent Panel sits with the Children and Supporting Families Department rather than with the Corporate Support Department and ensuring there is a clear strategy and action plan in place is a priority for the work programme.	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

1.2.2 Year 2013-14

The report was circulated to the relevant officers and the relevant members. The report was presented to the Services Scrutiny Committee on 11th December 2014 by Marc Roberts and Vicky Poole, of the Care and Social Services Inspectorate Wales together with the Council's implementation plan. The Care and Social Services Inspectorate Wales report was also presented to the Cabinet on 19th February 2015 where it was agreed to give the go-ahead to the work programme that responds to the Inspectorate's recommendations and areas for improvement.

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
Shaping services	i. Strategic planning with Betsi Cadwaladr University Health Board (BCUHB) in adult services.	<p>In line with the council's strategic approach "Ffordd Gwynedd" the council aims to improve partnership working with Betsi Cadwaladr University Health Board (BCUHB), and the third sector.</p> <p>An Integrated Transformation Team including senior officers from BCUHB, social service, housing and the third sector has made progress in developing integrated working.</p> <p>There are further plans to improve integrated working by co-locating health and social services staff and improving the communication between information technology systems. These developments are important for improving effectiveness and for gathering information to inform future planning</p>	<ul style="list-style-type: none"> • Implement in accordance with the principles of the "Framework for A Framework for Delivering Integrated Health and Social Care For Older People with Complex Needs" signed up to in March 2014 by the 6 North Wales local authorities and BCUHB. • Establish the Gwynedd County Forum. • Hold Forum meetings every 6 weeks. • Review the arrangements and terms of reference of the Gwynedd and Môn Local Service Board. • Appointment (secondment) of an Integration and Service Transformation Manager post, jointly with BCUHB. • Implement Gwynedd 2014-15 Intermediate Care Fund (ICF) schemes 	<p>Care Achievement Panel</p> <p>Gwynedd and Môn Local Service Board</p> <p>County Forum</p>	<ol style="list-style-type: none"> 1. County Forum established and meets regularly. 2. Efforts to review the arrangements and terms of reference of the Gwynedd and Anglesey Local Service Board continue. 3. (Secondment) Integration and Service Transformation Manager jointly with BCUHB has been in post but has now come to an end. 4. ICF funded schemes have been implemented - see relevant progress report. 5. The relationship with Health continues to be strengthened. 6. One scheme funded with ICF resources is the Review in Setting a Direction for Older People Services. A trial period of working in the new Ffordd Gwynedd method is operational since the 5th January 2015. 	<p>Ensuring resources so to continue with the schemes established with ICF resources is an issue.</p>	Complete as regards this implementation plan

	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
	<p>ii. Strategic planning with Betsi Cadwaladr University Health Board (BCUHB) in Child and Adolescent Mental Health Services (CAMHS).</p>	<p>The Child and Adolescent Mental Health Service (CAMHS) is part of BCUHB and do not monitor the therapeutic service to looked after children/young people placed out of authority unless they have made a financial contribution towards the placement.</p>	<ul style="list-style-type: none"> • Meeting held at the beginning of Summer 2014, between the Council and BCUHB Senior managers, to discuss this area. • Further discussions to be held. 	<p>Children and Supporting Families Departmental Management Team and if required escalate to the:</p> <ul style="list-style-type: none"> - Children and Young People Achievement Panel and - Corporate Parenting Panel 	<ol style="list-style-type: none"> 1. Meeting held early Summer 2014 between the Council and BCUHB Senior Managers to discuss this area. 2. High level meetings to continue. 3. Sub meetings also held as a result of the Summer 2014 meeting. 	<p>Sub meetings also held as a result of the Summer 2014 meeting and these are held quarterly. This is a positive step so to improve the strategic relationship for the future.</p>	<p>Complete</p>
	<p>iii. Using information from looked after panels to describe the population needs and trends.</p>	<p>The council's systems do not routinely capture a profile of the looked after children population and their assessed needs. This information is essential if the authority is to evaluate the effectiveness of its placement and permanency strategies and predict future resource needs. The information presented to the various panels could contribute to a detailed profile of presenting need.</p>	<ul style="list-style-type: none"> • The Children and Supporting Families Department has established permanent care planning panels, resource panels to look at new applications and a statutory placements Commissioning Panel and a Placements Management Panel. • There will be a requirement to summarise the information on care needs from these structures so to feed into the service's care strategies. 	<p>The Children and Supporting Families Department through the:</p> <ol style="list-style-type: none"> 1. Permanent Care Planning Panels 2. Resource Panels 3. Statutory Placements Commissioning Panel 4. Placements Management Panel <p>If required escalate to the Children and Young People Achievement Panel</p>	<ol style="list-style-type: none"> 1. Panels established and are being held. 2. Placement Management Panel established in addition and as a result of the conclusions stemming from the Children End to End review. This keeps the focus on new placements, and ensures that children return home timely. 	<p>The Department will be able to pick out and identify tendencies stemming from these panels but to acknowledge that this will be a process over time.</p>	<p>In progress</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
Getting help	i. Timeliness of initial assessment in children’s services.	The percentage of initial assessments completed within seven days needs improvement; in 2013-14 the council completed 67% of initial assessments in seven working days compared to a Welsh average of 72%.	<ul style="list-style-type: none"> • One social worker role added to the Referral Team capacity. • Arrangement in place to ensure that a senior worker approves assessments so to improve the 7 day performance. • Work to improve arrangements, including regular preparation of reports to remind managers of cases that require closing. 	Children and Supporting Families Departmental Management Team and if required escalate to the: - Children and Young People Achievement Panel	1. Achievement at the end of March 2015 for (SCC/042a) was 70% which is an improvement on the end of 2013/14 achievement of 67.1%. 2. The 2014/15 ambition for SCC/042a was 73% therefore the end of March 2015 achievement was slightly lower.	Efforts continue to ensure that we understand the reasons for any cases which have not met the requirements.	In progress
	ii. Continued improvement to reduce the number of children re-referred.	There has been a reduction in percentage of children being re-referred from 39% in 2011-12 to 26.6% in 2013-14; however, this still remains above average for Wales and is an area for continued improvement.	<ul style="list-style-type: none"> • The Children and Families Department to monitor closely to ensure and maintain continued improvement. • Systems of the Children and Families Department now differentiates between referrals and notifications, whereas this was not the case in past, which has led to improvement. 	Children and Supporting Families Departmental Management Team and if required escalate to the: - Children and Young People Achievement Panel	1. Achievement at the end of March 2015 for (SCC/010) was 25.7% which is an improvement on the end of 2013/14 achievement of 26.6%. 2. The 2014/15 ambition for SCC/010 was 30% therefore the end of March 2015 achievement was within the ambition.	Efforts continue and arrangements still implemented to ensure maintaining the improvement.	In progress
	iii. Awareness and use of advocacy services.	The LAC inspection reported that young people said that they were encouraged to attend their reviews and that advocacy was available. The inspection found that the quality of the care plans was variable and needed to be refreshed by subsequent assessment. Some young people seen were not aware of the advocacy service and take up of the advocacy service is low with the issue based approach and lack of Welsh speaking advocates being identified as obstacles.	<ul style="list-style-type: none"> • Create a regional consortium (North Wales) in order to ensure agreement on a Regional Advocacy service provision from April 2015 onwards. • Tendering process for a Regional Advocacy service. • Appoint an Advocacy service provider for the North Wales region. • Regional Advocacy service being provided. • Review of the steps to raise awareness and an increase in the use made of the service. 	Children and Supporting Families Departmental Management Team and if required escalate to the: - Children and Young People Achievement Panel - Corporate Parenting Panel - North Wales regional advocacy Consortia	1. Regional consortia established. 2. The tendering process has occurred and the process of deciding on the successful provider was completed by the end of January 2015. 3. The result of this work is that an advocacy provider has accepted a contract to provide over the 6 Counties in the North operational from 1st April 2015.	As a result of this work, we are contributing towards a national advocacy review with the intention of establishing a national service in the near future.	Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
<p>The services provided</p>	<p>i. Consistency in responding to complaints</p>	<p>The council has made improvements to its complaints process and the corporate oversight of complaints. Learning from complaints and using them to improve services is an important theme in “Ffordd Gwynedd”, strategic matters and all investigations by the Ombudsman are now considered by the corporate director.</p> <p>There are examples where complaints involved those who complained in identifying improvements and solutions, but there still is a need to further improve the consistency and management of complaints.</p> <p>The council plans to improve the service and respond to the Welsh Government new guidance regarding the management of complaints.</p>	<ul style="list-style-type: none"> • Develop / review a Quality Assurance Strategy for the service that shall include the comments and complaints processes. • The staff of the Customer Care Unit to attend specialist training on complaints and data protection so to develop the skills of the staff and information base of the unit. • Implement in accordance with the 2013 Welsh Government’s complaints arrangements and regulations (statutory on 1st June 2014) in light of the new guidance – Doing Things Right. • In light of the new National regulations, revise the Department’s complaints guidelines and policy. • Publish information sheets in light of the revisions to guidelines and policy. • Training circle offered to staff all over the Social Services field. 	<p>Adults Health and Wellbeing Departmental Management Team</p> <p>Annual Progress Report to CSSIW</p>	<ol style="list-style-type: none"> 1. On 1st August 2014 a new statutory complaints process came into force thus superseding the " Gwrandd a Dysgu" national guidelines. We responded by launching a new local policy that convey the changes, held awareness raising sessions for staff and managers and launched a new leaflet for users. 2. A project is on the horizon to collaborate with a young person to develop a specific sheet for children and young people on the complaints process. 3. The Unit's Manager in November 2014 returned from a period of maternity leave. 4. The Customer Care Unit Staff has attended specialist complaints training in order to develop the staff's skills and the knowledge base of the unit. We are confident that our managemental and monitoring processes have been strengthened and that we have improved our ability to adhere with the process' statutory timetables. 5. During 2014/14 training was designed for Service Managers and will be available during 2015. 6. An e-learning module on the complaints process is also being developed for front line staff. 7. Quarterly complaints reports are being created by the Unit that highlight any statistics, reponse performance, matters arising and lessons to be learnt. There is also an annual report on matters over the year. These reports are shared with Management Teams and Managers so to bring to their attention any issues and lessons and to improve services as a result. 	<p>Learning from compliants and making use of the information to improve services are important themes within the Gwynedd way of thinking to ensure that the citizen is central to everything that we do. The Corporate Director considers all reviews undertaken by the Ombudsman and responds to Stage 2 complaints.</p>	<p>In progress</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
	<p>iiia. Access to health care and accommodation for looked after children (Accommodation)</p>	<p>The CSSIW fostering inspection found that children and young people have secure placements where their needs are met. Children have a voice and have opportunities to speak up, and they can influence the way the service is delivered. The CSSIW inspection of Drws y Nant the council's commissioned children's home found a very strong sense of person centred care where young people said they were listened to and valued.</p> <p>However, the looked after children inspection looked at young people with complex needs and found that the range of placements available was not sufficient to meet the complex needs of some young people and appropriate "matching" needs to foster carers' skills did not always take place. The council is working to increase the range of in house foster carers to meet this need.</p>	<ul style="list-style-type: none"> • Work towards increasing the range of internal foster carers. • Increase the range of placements available so to meet the needs of children and young people with complex needs that receive care. 	<p>Children and Supporting Families Departmental Management Team and if required escalate to the:</p> <ul style="list-style-type: none"> - Children and Young People Achievement Panel and - Corporate Parenting Panel 	<p>1. Efforts continue. 2. Gwynedd is part of a pilot for the "When I'm Ready" scheme along with Merthyr and Rhondda Cynon Taf Councils. The "When I'm Ready" scheme promotes the principle that the process of raising a child does not come to an end when young people reached eighteen years of age. The scheme provides young people with the option of continuing to receive help and support whilst remaining in their fostering placements beyond 18 year of age. As part of being involved in the pilot scheme the Council has:</p> <ul style="list-style-type: none"> • Introduced the scheme to the 16+ Team in order to discuss the options with young people and their foster carers. • Provided monthly updates and data to the monitoring group, including feedback on lessons learnt in order to refine the final guidance that will be published by the Welsh Government when the scheme is rolled out across Wales. • Developed a draft policy and practice guidance through the monitoring group. • Held two focus groups for young people and foster carers in order to gain their views on the scheme. These meetings were facilitated by Action For Children. • Developed a cost impact analysis led by Rhondda Cynon Taf. • Developed a draft outcome measurement framework for young people who have been part of the scheme. 	<p>The use of fostering agencies is lower than previous years with regards new placements. The work is continuously challenging particularly so placements for children in their teens and those between 0 and 2 years of age. A report was put before the June 2014 Services Scrutiny Committee on "When I'm Ready" Leaving Care Scheme.</p>	<p>Complete (continuous)</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
	iib. Access to health care and accommodation for looked after children. (Health)	The national LAC inspection identified a need to develop looked after children's access to primary health services and move on accommodation. As part of its corporate parenting responsibilities, the council should ensure that children who they look after can use primary healthcare. Performance in being registered with a GP within 10 days declined from 92.5% in 2012-13 to 78.4% in 2013-14. Whilst the percentage of health assessments for looked after children improved by 15% to 46%, it still remains significantly below the Wales average of 81%.	<ul style="list-style-type: none"> • The Children and Families Department to continue to monitor closely. • Continue to hold the discussion with the BCUHB to ensure that the arrangements for implementing health assessments are reviewed in a timely manner. • This area is reported on regularly to the Corporate Parenting Panel. 	Children and Supporting Families Departmental Management Team and if required escalate to the: <ul style="list-style-type: none"> - Children and Young People Achievement Panel and - Corporate Parenting Panel 	<ol style="list-style-type: none"> 1. Achievement at the end of March 2015 for (SCC/039) was 50.6% which was an improvement on the 2013/14 achievement of 46%. 2. Ambition for 2014/15 for SCC/039 was 60% so achievement for end of March 2015 was lower. <p>Even though the percentage of health checks for looked after children has improved again this year to 50.6%, it remains much lower than the Welsh average of 81%.</p>	This is a matter of concern to the Council and is an area receiving attention from the Corporate Parenting Panel which continues to undertake discussions with BCUHB to ensure an improvement.	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress: <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
Effect on people's lives	i. Evaluation of the impact of the corporate safeguarding structures.	In 2013-14 Gwynedd and Anglesey councils established a joint Safeguarding Adults Board. The board has developed a work programme to increase understanding of safeguarding and develop a preventative approach to safeguarding adults.	<ul style="list-style-type: none"> • Policies and arrangements reviewed annually and approved by the Strategic Safeguarding Panel. • Impact measurement reporting arrangement in place and reporting to the Strategic Safeguarding Panel, the Cabinet and Management Team. • Annual audit undertaken measuring the quality of safeguarding policies and arrangements and awareness of staff on how to respond in times of concerns. • Ensure an independent audit of the quality of safeguarding policies and arrangements through the sampling arrangements and the level of staff awareness within the Council. • Implement and act upon the audit recommendations. 	Strategic Safeguarding Panel Cabinet Corporate Management Team	<ol style="list-style-type: none"> 1. Corporate arrangements continue. The Strategic Safeguarding Panel meets regularly every 6 weeks to 8 weeks and the Operational Panel meets monthly. 2. A report was submitted to the Cabinet on 16 December 2014 reporting on the results of 3 Safeguarding related inspections. The report concentrated on the corporate recommendations made by the auditing bodies. 3. The recommendations and intentions were approved by the Cabinet. The Panel agreed to incorporate these recommendations into the 2015-2016 Work Programme. 4. The audit commissioned by the Strategic Panel "Audit - Safeguarding Children and Adults (Gwynedd Council) and carried out by an external expert was published. This is a positive report that includes a series of recommendations. These were discussed in the Strategic Panel and a decision made to incorporate them into the 2015-2016 Work Programme. 	The 3 reports which were the basis for the discussion in the December 2014 Cabinet were: i. "Report on the quality of local authority education services for children and young people." Estyn and the Wales Audit Office in March 2013. ii. "National Inspection of Safeguarding and Care Planning for looked after children and care leavers who exhibit vulnerable or risky behaviours." CSSIW in August 2014 iii. "Local Authorities' Safeguarding Children Arrangements" Wales Audit Office in October 2014.	Complete
	ii. Timeliness of child protection conferences.	The council has reduced the number of children it looks after from 203 in 2012-13 to 185 in 2013-14. It has significantly improved its performance in the timeliness of reviewing the care plans of looked after children, with 94.3% now being carried out within statutory timescales compared to 75.4% in 2012-13. However, this remains below average for Wales (95.9%).	<ul style="list-style-type: none"> • The Children and Families Department to continue to monitor closely. • The Children and Families Department to receive from Independent Reviewing Officers the reasons on each late review and to respond as is appropriate. 	Children and Supporting Families Departmental Management Team and if required escalate to the: - Children and Young People Achievement Panel and - Corporate Parenting Panel	<ol style="list-style-type: none"> 1. The monitoring work and receiving of reasons for late reviews continues. 2. Achievement at end of March 2015 for (SCC/034) was 95.7% which is a small fall on the end of 2013/14 achievement of 96.9%. 3. The 2014/15 ambition for SCC/034 was 96% so the end of March 2015 achievement is in accordance with this ambition. (Wales level 2013-14 was 98.1%) 	Aduring the year, and regardless of staffing problems, we saw the performance of timely child protection conferences in Gwynedd being maintained.	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress: <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
Delivering Social Services	i. Raise awareness of the implications and requirements of Deprivation of Liberty Safeguards (DoLS) and improve the governance arrangements for the operation of the procedures.	<p>The CSSIW DoLS inspection found that the appropriate training was provided to the specialist assessors who were supported by knowledgeable and experienced managers. Local training and promotion of the DoLS outside the council had not resulted in wide awareness and understanding of the safeguards. The need to increase DoLS training and awareness reflects a more general need to mainstream the DoLS throughout the council, social care and health. Inspectors noted that the council should examine its management arrangements to ensure that there is no conflict of interest between the supervisory body that oversees the DoLS assessment process and the managing authority that is responsible for the care provided.</p> <p>Recent case law has considerably widened the scope for potential application of the DoLS safeguards and this is already having a marked impact upon demand and the need for the council to appropriately respond.</p>	<ul style="list-style-type: none"> • Revise Gwynedd’s DoLS arrangements. • Appoint a DoLS Co-ordinator for Gwynedd. • Preparations with regards training staff on the DoLS arrangements and requirements. • Formulate a DoLS work programme in relation to further work to respond locally to DoLS obligations. • Prepare and submit a financial bid for permanent funding, to fund the DoLS Co-ordinator post and fund a solicitor and administrative support to undertake DoLS requirements, from 2015 onwards as part of the Council’s bidding process. 	<p>Adults Health and Wellbeing Departmental Management Team</p> <p>Strategic Safeguarding Panel</p>	<ol style="list-style-type: none"> 1. Reviewing of Gwynedd DoLS arrangements has occurred. 2. A DoLS Co-ordinator for Gwynedd has been appointed. 3. A bid formed and submitted for permanent funding, for the purpose of funding the DoLS co-ordinator and to fund a lawyer and administrative support to undertake the DoLS requirements, from 2015 onwards as part of the Council bidding process. 4. Staff training arrangements with regards DoLS arrangements and guidelines. 5. The work of formulating a DoLS work plan for further efforts, to respond locally to DoLS obligations, to be completed by end of March 2015. 	<p>It is apparent that the financial bid for permanent corporate resources has not been successful. A need therefore to identify resources from the Department’s budgets (acknowledging the efficiency savings and cuts agenda that we face).</p> <p>The number of DoLS applications has increased significantly between 2013-14 and 2014-15.</p> <p>DoLS applications 2013-14 : 7 DoLS applications 2014 - 15 : 365 Authorised applications: 152 Applications assessed but which do not meet th DoLS criteria: 25 Inappropriate referrals : 69 Waiting list: 119 Total medical costs since April 2014 - £26,411.72</p>	<p>Being planned</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress: <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		The council has 9 best interest assessors and is in a good position to meet the increase in demand.					
	ii. Quality assurance - Adults Health and Well-being Department	<p>The council's ability to accurately report on performance has continued to improve. Risk management within the service has improved with regular use and updating of a risk register.</p> <p>The council has not established a comprehensive quality assurance system. It plans to do so in 2014-15.</p> <p>The need to improve quality assurance was noted by CSSIW in last year's annual evaluation report. It is also an area for improvement in both of the recent national inspections and in the adoption inspection report. The council is introducing a cross cutting children and adults safeguarding and quality assurance team.</p>	<ul style="list-style-type: none"> • In terms of data – develop a new system which will draw out data directly from the Department's Data Recording Management system and will report on data quality. • Use the new system to report on a quarterly basis. • Prepare, develop and promote guidelines for using the system for employees within the priority fields. • Draw up and agree on a quality assurance strategy across the service. 	<p>Adults Health and Wellbeing Departmental Management Team</p> <p>Annual Progress Report to CSSIW</p>	<p>1. In terms of data – a new system developed during March 2014 which draws out data directly from the Department's Data Recording Management system and reports on data quality.</p> <p>2. Work to draw up a quality assurance structurew completed by end of March 2015. Further work during 2015-16 on this structure.</p>	<p>We shall prepare quarterly reports pulling out the key messages arising from complaints, any audits and information stemming from the contracts monitoring process. The report shall summarise all the information and then highlight the maing messages and risks. Undertaking quality assurance of social work practice is now part of the scheme.</p>	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress: <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
	<p>iii. Quality assurance - Children and Supporting Families Department</p>	<p>The council's ability to accurately report on performance has continued to improve. Risk management within the service has improved with regular use and updating of a risk register.</p> <p>The council has not established a comprehensive quality assurance system. It plans to do so in 2014-15.</p> <p>The need to improve quality assurance was noted by CSSIW in last year's annual evaluation report. It is also an area for improvement in both of the recent national inspections and in the adoption inspection report. The council is introducing a cross cutting children and adults safeguarding and quality assurance team.</p>	<ul style="list-style-type: none"> • A Safeguarding and Quality Unit to be established and structurally accountable to the Head of Children and Supporting Families • Formalise the quality assurance framework for children as part of the work programme for the Children and Supporting Families Department during the 2015/16 performance year period 	<p>Children and Supporting Families Departmental Management Team</p>	<ol style="list-style-type: none"> 1. The Safeguarding and Quality Unit established during April 2014 which is structurally accountable to the Head of Children and Supporting Families 2. Work ongoing in order to develop this unit. 	<p>During 2015/16 there shall be specific efforts to formalise the children's quality assurance framework as part of the Children and Supporting Families Department work programme.</p>	<p>In progress</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Theme	Improvement Area	Comments made by CSSIW in their annual evaluation of Gwynedd 2013-14	Action Plan	How do we monitor	Progress situation as at end of May 2015	Comments raised by the Service	Rate your progress: <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
Providing direction	i. Corporate parenting support for looked after children by the council and partners.	The council has made positive steps in its corporate parenting arrangements but these now need to be further developed. The corporate parenting panel will work with looked after children in 2014-15 to provide outline the actions that the council will take to support children in care. Members will need to provide greater support to assure that the strategic aims are effectively owned and translated into action across the council's services and by partner agencies; ensuring appropriate health care, increased educational support and temporary employment in the council for looked after children.	<ul style="list-style-type: none"> • Developing a Strategy. • Implementing the Strategy. • Annual Report of the Corporate Parenting Panel submitted to Cabinet. 	Corporate Parenting Panel	<p>1. Previous meeting of the Panel was on 20th April 2015.</p> <p>2. Discussed was:</p> <ul style="list-style-type: none"> - draft of the Strategy - Health report on looked after children - Health care of looked after children - Looked after children quarterly report - Looked after children personal education plans report - The fostering service - End to end project 	<p>The Edge of care Team is operational since the start of February 2015. It was noted that the results have been scheduled to be presented before the Services Scrutiny Committee before the end of the year.</p> <p>It was reported that a review of the Fostering Service was undertaken by CSSIW between end October and early November 2014. It was noted that it was a positive review and was content that the fostering service promotes the welfare of those children under their care.</p>	In progress

1.2.3 Year 2014-15

The 2014-15 Annual Report of the CSSIW was published on 30th October 2015 and an implementation plan in response to the report is on the agenda of the Services Scrutiny Committee on 28th January 2015.

1.3 ESTYN INSPECTIONS

1.3.1 ESTYN 3 Year Inspection : Inspection on the Quality of Gwynedd Local Authority Education Service for children and young people during March 2013

Following the ESTYN inspection of education services for children and young people on 11 – 15 March 2013, deeming that the authority’s progress needed to be monitored by Estyn, The Estyn’s Post Inspection Implementation Plan was received and confirmed by the Cabinet on 17 September 2013. The Post-Estyn Inspection action plan was considered by the Services Scrutiny Committee on 3 October 2013.

Following Estyn Inspectors visit on 2 – 5 December 2014 a letter was received recording the final results of monitoring after the inspection:
 " Gwynedd Council is judged to have made sufficient progress in relation to the recommendations that arose from the inspection in March 2013. As a result, Her Majesty’s Chief Inspector of Education and Training in Wales is removing the authority from follow-up activity”.

Estyn Inspectors attended a meeting of the Services Scrutiny Committee on 12th February 2015 in order to report back on their 2-5th December 2014 visit.

Local Authorities' Inspection Cycle (ESTYN)

In terms of the cycle of local authorities’ inspections, the last cycle has just come to an end and by now the cycle is held at least once every 6 years.

- The tri-annual cycle of individual schools has come to an end and has now changed to once every 6 years.
- ESTYN can visit any school or authority at any time, but they need to give a school at least a month of notice, and at least 12 weeks (or three months) notice to a local authority.
- The schools link inspector (ESTYN) visits every term.
- An inspection is currently being undertaken on the Welsh schools improvement consortia, namely: Gwe, Erw and two consortiums from south Wales.

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
A1 Improve safeguarding by ensuring that the Council’s procedures and policies are clearly understood by all LEA employees and are regularly updated and disseminated.	Monitoring Officer: Corporate Director	<ul style="list-style-type: none"> • Distribute and ensure awareness of the ‘Children and Adults Safeguarding Policy and Guidelines’ (corporate) and compliance with it. 	February 2014	<p><u>Progress up to June 2014 visit</u> -The Strategic Safeguarding Children and Adults Panel and the Operational Safeguarding Children and Adults Panel have been established since 6/11/12. -The membership of the Strategic Panel includes Cabinet Members for Education and ChYP and Social Services, Corporate Directors and the Heads of Department. -The Strategic Panel is leading on establishing the strategic direction and deals with practical issues which need a high level of input. -The Operational Panel includes managers from all Council departments and they develop work according to the direction established by the Strategic Panel.</p> <p>Further Progress by December 2014 visit The Operational Panel of Designated Managers from every Department continues to meet monthly. The Strategic Panel continues to meet every two months. Specific additional meetings of the Strategic Panel were also arranged earlier this year.</p> <p><u>Progress up to June 2014 visit</u> -The Corporate Policy was approved by Gwynedd Council’s Cabinet on 30/3/13. The Policy will be reviewed on an annual basis. It is expected to review this policy in May 2014. -Drafts of the information leaflet and poster are being developed at present. -The CETIS programme requests that staff familiarise themselves with the Council’s policies and a CETIS module has been created for Safeguarding as part of Level 1 training. 350 members of staff have used the module so far.</p>	Has been completed to a large extent

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as
		<ul style="list-style-type: none"> Ensure that all Council staff undertake basic safeguarding awareness training. 	Continuously	<p><i>-A set of questions on Council policies and the safeguarding process have been provided within CETIS.</i></p> <p><i>Every department in the Council has produced and confirmed their departmental safeguarding policy. These will be annually reviewed by the Delivery Panel.</i></p> <p><i>-The Safe Workforce system has been put in place and is in operation.</i></p> <p><i>-Training has been arranged for every member of staff who is a manager, including Senior and Middle Management. See the Training Programme document</i></p> <p><i>Training for members is to be held on 7 May 2014.</i></p> <p>Further Progress by December 2014 visit</p> <p><i>The corporate policy and every departmental policy have been reviewed by the Operational Panel and have been submitted to the Strategic Panel for approval in line with the aim of the Work Programme. A letter and a briefing note have been sent to every manager across the Council's department, with a request to include the item on the agenda of team meetings.</i></p> <p><i>Every Designated Manager schedules a visit to every team meeting within their departments to reiterate the message in the briefing note.</i></p> <p><i>Include an agreed poster and completed work to ensure one common phone number to report on any staff/public concerns.</i></p> <p>Progress up to June 2014 visit</p> <p><i>-Training for staff at Level 1 has been provided since February 2014. Level 1 is provided through an e-learning programme and it is expected for all Council staff to achieve it successfully and that staff complete the programme again every three years.</i></p> <p><i>Training at Level 1 has been held on February 28 and provided by Sue Maskell on behalf of the Safeguarding Board. See section 1.10 Training Material.</i></p> <p>Further Progress by December 2014 visit</p> <p><i>The e-learning package for Level 1 training for staff has been officially launched following the commencement of the online "Policy Centre". Staff from the Human Resources, Strategic and Improvement and GwE departments have already gained access, and guidance with staff from other departments is to follow.</i></p> <p>Progress up to June 2014 visit</p> <p><i>The Child Protection Policy has been amended and re-submitted to schools and distributed amongst central teams of the Local Authority.</i></p> <p><i>GCSU and GYDCA minutes refer to and remind headteachers of the requirements.</i></p> <p><i>Primary Headteachers Federation discuss Safeguarding matters and further leadership has been offered.</i></p> <p><i>An invitation has been sent to the leader of the children's team to the next GYDCA meeting.</i></p> <p><i>Further training and support has been arranged for schools.</i></p> <p><i>This requirement has been highlighted to schools during Safeguarding training in 2013 and 2014, and has been raised during strategic meetings for headteachers.</i></p> <p><i>Some schools had voluntarily reported at the end of 2012-13: EVERY school will be required to respond this year. An analysis of those findings is awaited by the Summer Term.</i></p> <p><i>LEVEL 1 = every employee in the education workforce will receive Level 1 training, either directly or</i></p>	<ul style="list-style-type: none"> Not started Being planned In progress Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<ul style="list-style-type: none"> • Ensure that the 	September 2014	<p><i>via Educare. The new catering and cleaning workforce has been transferred under the education department from February 2013. A training programme is in place to provide training for the new workforce. The Council's Learning and Development Service is developing an on-line bilingual training resource which will be available to everyone - yet to commence. Once this is in place, there will be no need to use Educare.</i></p> <p><i>LEVEL 2 - A series of dates of full-day, HMS training for Level 2 were held during 2012-13 and the programme for 2013-14 is now operational. An external consultant and the department's Vulnerable Groups Officer in addition to the former Education Senior Manager who is responsible for Safeguarding, had taken part. Every Headteacher and Designated Child Protection Governor has been invited.</i></p> <p><i>Over 90% had attended, and the remaining 10% would attend this year.</i></p> <p><i>The annual programme is ongoing.</i></p> <p><i>LEVEL 3 = relevant officers from the education department attended. A further Level 3 programme would be arranged this year for other managers.</i></p> <p><i>The children's service's annual and quarterly reports. Individual cases of a lack of quality in receiving appropriate progression</i></p> <p><i>The participation of teaching staff, ancillary staff, governors, parents and children will be included as part of the sample of monitoring visits.</i></p> <p><i>An external advisor was commissioned to work with the safeguarding officer, schools have been identified.</i></p> <p><i>Monitoring visits are arranged for the first half term in Summer.</i></p> <p><u>Further Progress by December 2014 visit</u></p> <p><i>Impact monitoring visits have been held in a sample of schools and individual reports have been prepared for every school.</i></p> <p><i>The main messages of the individual reports will be collated for a composite report with recommendations to be incorporated in the departmental Safeguarding action plan.</i></p> <p><i>Further guidance on specific fields of safeguarding has been presented to each primary headteacher via the Primary Headteachers Conference</i></p> <p><u>Progress up to June 2014 visit</u></p> <p><i>The Carmarthenshire Plan is being adapted to include monitoring visits for a sample of 11 schools during the summer term.</i></p> <p><i>Schools were given a prior warning of the authority's intention to hold the audit during the autumn term of 2013 by means of the secondary and primary strategic groups.</i></p> <p><i>Schedule of visits and a list of schools has been identified. Summer term (advisor not available until then).</i></p> <p><i>Reports for every school with an action plan and timetable.</i></p> <p><i>A composite report will be prepared for the Education Department with recommendations to be incorporated in the departmental Safeguarding action plan.</i></p> <p><u>Further Progress by December 2014 visit</u></p> <p><i>Independent audit held and a composite report has been formed, including recommendations to be incorporated in the departmental Safeguarding action plan.</i></p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<p>priority of the field of Safeguarding Children and Adults is reflected in the Council's Strategic Plan.</p> <ul style="list-style-type: none"> • Lead Members to receive evidence of the Council's corporate / cross-departmental performance in relation to safeguarding children and adult matters. 	<p>Continuously</p>	<p><u>Progress up to June 2014 visit</u> -A request was made for funding to conduct the audit, and it has been received. The funding will be shared between three fields. The Operational Group will develop the method of conducting the audit.</p> <p><u>Further Progress by December 2014 visit</u> An independent audit has been undertaken with recommendations for further priorities within the work programme to be considered at the next meetings of the Strategic Panel and the Operational Panel.</p> <p><u>Progress up to June 2014 visit</u> The strategic priority of the field of Safeguarding Children and Adults can be seen in the 2014-17 Strategic Plan in the draft GOF3 document.</p> <p><u>Progress up to June 2014 visit</u> -Cabinet Members who have responsibilities over the fields of Social Care, Children and Young People, and Education are members of the Strategic Safeguarding Children and Adults Panel. The Social Care member is the chair of the Panel. The Panel will receive audit reports as noted above in 1.5 and 1.6. The Panel will receive reports based on indicators which are developed by the Panel's indicators sub-group. The Corporate Director, the Head of Education Department and the Head of Children and Families Services are members of the Anglesey and Gwynedd Safeguarding Board -All the Safeguarding Policies' documents are available for all staff on the Council's intranet. http://mewnrwyd/qwy_doc.asp?cat=8312&doc=30806</p> <p><u>Progress up to June 2014 visit</u> -The Report of the Statutory Director is annually released and there is a specific reference to the safeguarding work in the foreword, and in more detail on page 17. -The annual report of the Strategic Panel will be released in May/June 2014.</p> <p><u>Progress up to June 2014 visit</u> -A video of interviews has been created by the former manager of the Safeguarding Board and is available on Anglesey Safeguarding Board's website. -Training sessions on 'Managing Allegations of Professional Abuse' were held by Sue Maskall, in February and March of 2013 and in January 2014.</p> <p><u>Further Progress by December 2014 visit</u> Following re-structuring in the field of Safeguarding Boards, there is by now an intention to develop a regional website in order to share information and provide information for the public and partners about activity in the field of safeguarding including publishing executive summaries of the reviews of child cases. The regional Safeguarding Board has held a conference earlier on this year to raise awareness about domestic abuse and another conference has been arranged for December, which will specifically focus on sexual abuse.</p> <p><u>Progress up to June 2014 visit</u></p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
				<p><i>-Estyn’s Post-inspection report was submitted to the Anglesey and Gwynedd Local Safeguarding Board in September 2013. The Statutory Corporate Director, the Head of Children Services and Family Support and Head of the Education Department are members of the Local Board.</i></p> <p>Further Progress by December 2014 visit Following the regional re-structuring which is happening in the field of safeguarding, the Operational Safeguarding Group has been established across Gwynedd and Anglesey which replaces the former Local Safeguarding Children Board. The Head of Children Services in Gwynedd chairs this Group, and the membership focuses on executive officers from each organisation who will be able to influence in their own working fields on raising awareness and creating stronger links to continuously improve collaboration. The terms of reference for the task groups are currently being reviewed to ensure that the agenda is relevant to local needs and priorities, while at the same time contributing to the regional agenda.</p> <p><u>Progress up to June 2014 visit</u> <i>-The Procurement and Contracts Task Group has been established and has formed recommendations for the Panel. The Operational Panel has received the recommendations to implement. An Action Plan is in place to Review the Procurement Handbook and to operate the recommendations, namely:-</i></p> <ul style="list-style-type: none"> - consistent guidance on safeguarding issues - include a specific appendix on safeguarding (including standard clauses and considerations in the procurement process) -include a specific appendix on monitoring the safeguarding requirements in contracts. <p><i>-The Procurement Unit are leading on this and a draft is awaited by May / June 2014.</i></p> <p>Further Progress by December 2014 visit The Task Group has reviewed and added to a relevant part of the Procurement Handbook. The Operational Panel and the Strategic Panel have welcomed and approved the work undertaken. Steps are in the pipeline to raise awareness about this specific part of the Procurement Handbook when a review of the entire document has been completed.</p> <p><u>Progress up to June 2014 visit</u> <i>-A Safe Workforce Database was established to ensure that all staff working with children and young people have been identified as requiring a DBS check.</i> <i>-A series of training sessions has been offered to managers to explain how the system works.</i> <i>-The Staff Safety Administration procedure has been updated.</i></p> <p>Further Progress by December 2014 visit The database is in operation and is used to record all DBS requirements for every relevant post within the Council. An implementation protocol has been adopted.</p> <p>Realised improvements <u>Progress up to June 2014 visit</u> <i>Suitable corporate and departmental policies are in place and are available to staff via the intranet.</i></p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as
				<p><i>Training for staff and members is in the process of being provided. Electronic packages have been developed and verbal presentations are being submitted.</i></p> <p><i>Methods to monitor the successes of the training, staff's understanding and commissioning methods are being developed.</i></p> <p><i>Corporate Safeguarding Policies were adopted by the Council's Cabinet on 30/4/2013. An overview of the policies' implementation via the Strategic Safeguarding Children and Adults Panel is provided every 6 weeks.</i></p> <p>Further Progress by December 2014 visit</p> <p>Corporate and departmental policies have been reviewed and submitted to the Strategic Panel for approval.</p> <p>Nine workshops for managers and Elected Members have been held to raise awareness.</p> <p>A briefing note has been provided and sent to every manager with instruction to include an item on the agenda of team meetings and to share the information in the briefing note.</p> <p>The first annual audit has been held and a report has been submitted which includes recommendations for further improvement. The Strategic and Operational Panels are currently focussing on those recommendations.</p> <p>One contact phone number has been identified to report on concerns/doubt of the abuse of vulnerable children/adults. A poster has been designed which includes the new phone number</p> <p>A corporate database to record DBS checks is in operation</p> <p>An e-learning package has been launched with scheduled access for staff from some departments.</p> <p>The new Policy Centre enables staff to gain access to the e-learning site online.</p> <p>A safeguarding dashboard has been developed to record and measure the impact.</p> <p>Result of ESTYN Visit – 2-5 December 2014</p> <p>This recommendation has been largely addressed.</p>	<ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
A2 Raise standards in key stage 4 by targeting underperforming departments at poorly performing secondary schools more robustly.	Monitoring Officers: Iwan Trefor Jones, Owen Owens, Awen Morwena Edwards	<ul style="list-style-type: none"> • Ensure a swift and effective response to the findings of the Scrutiny Working Group's research into the KS4 performance of Gwynedd Secondary Schools 	Summer 2015	<p>Progress up to June 2014 visit</p> <p><i>The Secondary Headteachers received a presentation on the findings of the Scrutiny Committee and the objectives of the Quality Promotion Project. The Project Officer started in post in January (0.5) and has visited every secondary school to gather information and ensure that the schools take ownership of the work.</i></p> <p><i>Gather information about good practice outside the County and over the border and share them with the schools.</i></p> <p><i>Secondary headteachers have agreed on collaboration principles and a pattern of sharing good practice across the County is in place (tracking, attendance, I-Pads).</i></p> <p><i>A sub-group has been formed to promote professional development and collaboration within and between the County's schools.</i></p> <p><i>Cross-county CPD day was held on 24 October.</i></p> <p><i>Three schools have agreed to open their doors to share good practice in key fields across the county as part of the campaign to develop leadership.</i></p> <p>Further Progress by December 2014 visit</p> <p>Leadership Development Days were held at Ysgol Botwnnog and Ysgol y Moelwyn which resulted in very good feedback.</p> <p>A case study was undertaken on schools that had experienced success in L2 Mathematics in the</p>	Work continues to be In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<ul style="list-style-type: none"> • Ensure, by means of a SLA with the Regional Schools Improvement Service [GwE], that target schools can contribute from professional networks and forums to share good practice and take advantage 	December 2013-11-18	<p>Summer 2014 examinations. A 'KS4 Mathematics' document was created and introduced to the schools. A meeting was held with the GwE Brokerage Officer and a paper was prepared called 'School to School Collaboration'. The County's Inclusion Group received guidance on the update to ESTYN's Inspection Framework in relation to vulnerable children. A Vulnerable Learners Support Strategy was created and introduced to Gwynedd schools. Meetings were arranged for the schools' Numeracy Coordinators. A Professional Development Day was organised for the County's teachers and assistants. Gathered the opinion of learners about the support received by the schools in KS4. A summary was produced for all schools noting the learners' suggestions. Resources were created and shared with schools in order to promote the voice of the learner. Training was held for Participation Coordinators. A Participation Strategy was created and introduced to Gwynedd schools. Headteachers received feedback at the GCSU meetings.</p> <p><u>Progress up to June 2014 visit</u> <i>Term-time monitoring visits have been held and full use has been made of the range of data to agree on targets and steps for further improvements at the five schools. . A detailed evaluation of the five schools' performance was undertaken and synergy was seen between the school's recommendations and the recommendations of the Link System Leader. The quality of the five schools' evaluations has seen notable improvement as well as their ability to determine priorities for further improvements. Five schools have formed an improvement plan in accordance with the local requirements. Those plans note the action steps; leadership and monitoring responsibilities; a timetable for implementation and the expected quantitative outcomes. Every plan has been checked by the link SL to check that the key matters receive adequate attention and they have been submitted to the Governing Body. Term-time visits were undertaken to monitor progress towards the range of recommendations and the performance data for KS4 2013 highlights the improvements that have already taken place across the five schools. A professional network was set up from among the target schools' SMTs in order to share good practice and introduce further guidance on setting targets and tracking the progress of learners, the effective use of data by school leaders, how to ensure early and effective intervention in cases of underperformance, promote excellent teaching and learning across the school. Additionally, three day training was arranged for representatives of middle leaders in order to give further attention to self-evaluation aspects, planning improvement, tracking on a departmental level and planning the learning/teaching. Through the LA's Lead Officer guidance was secured on SEG/PDG plans. The majority of the target schools follow the best practice of the Sutton Trust Toolkit and the best practice of the Estyn website when producing their SEG and PDG plans.</i></p> <p><i>Examples were seen of plans that will lead to improving the quality of teaching and learning and raise</i></p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<p>e of the expertise of System Leaders and leaders of successful schools.</p>		<p><i>literacy and numeracy levels. A number of the applications also included plans to raise the achievement standards of PDG pupils and MAT pupils. A number of the target schools addressed family involvement and held after school activities. Collective training sessions were held for Governors in the fields of data analysis; self-evaluation, planning for improvements and challenging the school's performance. Additionally, specific training sessions were held at three of the five target schools.</i></p> <p>Further Progress by December 2014 visit</p> <p>In light of Estyn's findings at Ysgol y Berwyn, it was decided to add the school to the target group. A series of meetings of the Professional Network were held to share good practice and to introduce further guidance. The matters that have been addressed include setting targets and tracking learner progress, effective use of data by school leaders, ensure early and effective intervention in cases of underperformance, promote excellent learning and teaching across the school. This has led to more refined implementation across the schools, however more work needs to be done at two schools in particular.</p> <p>Two day training was held for a representation of middle leaders from the six schools which resulted in very positive feedback.</p> <p>There have been obvious improvements in nearly every indicator in all of the linked schools between 2012 and 2014 including:</p> <ul style="list-style-type: none"> • Progress 2012>2014 • TL2+]: • School 1: 9.1% • School 2: 6.0% • School 3: 13.4% • School 4: 22.8% • School 5: 28.4% <p>National increase: 4.0%</p> <p>[A similar increase for the CSI also]</p> <ul style="list-style-type: none"> • Mathematics: • School 1: 10.1% • School 2: 7.4% • School 3: 9.0% • School 4: 26.1% • School 5: 37.9% <p>National increase: 3.0%</p> <ul style="list-style-type: none"> • TL2: • School 1: 14.0% • School 2: 14.8% • School 3: 10.5% • School 4: 31.7% • School 5: 18.4% <p>National increase: 9.4%</p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
				<ul style="list-style-type: none"> • TL1: • School 1: 5.9% • School 2: 3.9% • School 3: -1.9% • School 4: 12.9% • School 5: 6.0% <p>National increase: 2.0%</p> <ul style="list-style-type: none"> • Capped points score: • School 1: 48 • School 2: 31 • School 3: 6 • School 4: 58 • School 5: 43 <p>National increase: 16</p> <p>Good increase also to be seen in English, Welsh and Science.</p> <p>A good increase was also seen between 2013 and 2014 in all indicators at the school that was added to the original five schools [TL2+: +12.6%].</p> <p><i>However, although there has been good progress between 2012 and 2014, there has been a small slippage in TL2+ in 2014 compared with 2013 at one school [0.7%] and a more significant slippage in another [-6.6%].</i></p> <p><u>Progress up to June 2014 visit</u></p> <p><i>A professional network was set up from among the target schools' SMTs in order to share good practice and introduce further guidance on setting targets and tracking the progress of learners, the effective use of data by school leaders, how to ensure early and effective intervention in cases of underperformance, promote excellent teaching and learning across the school. There have also been attempts to pair the target schools with other schools in the LA in order to transfer good practice e.g. DN>Tryfan; SHO>DO.</i></p> <p><i>Additionally, three day training was arranged for representatives of middle leaders in order to give further attention to self-evaluation aspects, planning improvement, tracking on a departmental level and planning the learning/teaching.</i></p> <p><i>A Leadership Development Workshop was held for deputies and assistant head teachers at Ysgol Eifionydd, Porthmasog on 4 December 2013. Representative from the target schools were in attendance. Middle leaders also attended the training.</i></p> <p><i>A presentation was given followed by group activities using the Welsh Government's document (Leadership Standards – individual leadership review) as a basis for the activities.</i></p> <p><i>The following elements were identified and developed:</i></p> <ul style="list-style-type: none"> • Further understanding of the leadership standards and the evidence needed to complete the school leadership review; • The inclusion of individuals to further contribute towards leadership and management within their schools; and • Understanding and knowing the individual key fields/standards that need to be developed further by 	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<ul style="list-style-type: none"> • Ensure that the target schools have agreed [and started to implement] robust plans to improve the 	Autumn 2013	<p><i>individuals in order to contribute towards:</i></p> <p>a. <i>Leadership and management; and Professional development (e.g. preparing for applications for CPC/head teacher posts).</i></p> <p>Further Progress by December 2014 visit [Following a meeting with the Inspection Team in June 2014, it was agreed that the above was more relevant to recommendation three - and that it would be addressed as part of the monitoring visit during autumn term 2014. Therefore, the above was transferred to 'Recommendation 3'. The mentoring scheme for new head teachers / head teachers in charge was established in September 2013 in order to develop the capacity and competence of these individuals to lead and manage their schools more effectively. This plan (seven days of specific and strategic support) was based on the Welsh Government's Leadership Standards. Experienced or newly retired head teachers were provided as mentors. The Headteacher in Charge of one of the target schools is receiving support as part of this scheme. This sheet notes that the Mentoring Scheme for new Headteachers/Headteachers in Charge is taking place this year also (2014-2015), but with a new cohort of new headteachers/ headteachers in charge.</p> <p>.....</p> <p>The Professional Network from among the SMTs of the six target schools have had the opportunity to access guidance and good practice on:</p> <ul style="list-style-type: none"> • Setting targets and tracking progress • Effective use of data by leaders • Intervention programmes • Improving teaching and learning <p>Evidence from monitoring visits has shown that this has led to more refined implementation across the schools, however more work needs to be done at two schools in particular. Two day training was held for representatives of middle leaders in order to give further attention to self-evaluation aspects, planning improvement, tracking on a departmental level and planning the learning/teaching. Evidence from monitoring visits shows that this has led to more refined implementation in some departments.</p> <p>Progress up to June 2014 visit <i>Every school has responded to the requirements of the national programme and has received support via the medium of a CfBT Partner. A joint scrutiny exercise was held in the 5 schools to form an opinion on the quality and range of the opportunities to promote extended writing and to scrutinise the quality of the feedback on learners' work. After every exercise, specific action steps were agreed upon to ensure further improvements.</i></p> <p>Further Progress by December 2014 visit Action at schools is continuing in line with individual timetable plans. Very good progress has occurred in one target school in the field of literacy/numeracy and feedback on learners' work. Further support has been undertaken in three specific schools and definite progress has occurred in two schools. Some concern remains about the quality of opportunities and the standard of writing and feedback on learners' work in one of those schools.</p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		standards of literacy [reading and writing in particular] , and numeracy , across the school in accordance with the requirements of the National Framework.		<p><u>Progress up to June 2014 visit</u> <i>Termly monitoring visits are held at the five schools [with further visits being undertaken based on a risk assessment]. There is a definite focus in the progress monitoring visits and to collect evidence of impact. In some cases, this has led to targeting further support. The reports are submitted for the attention of the Governing Body.</i></p> <p>Further Progress by December 2014 visit Termly monitoring visits have been held at 6 schools [with further visits being undertaken based on a risk assessment]. In the case of 2 schools where definite enough progress was not seen, additional intervention was targeted. This has led to definite improvements in one of those schools, and some improvement in the other. In this case, access to the Governing Body was requested in order to express the Authority's concern.</p> <p><u>Progress up to June 2014 visit</u> <i>A Senior System Leader was present at every meeting of the Quality Group and the Management Team, who reported on the progress against the action. The System Leader is present at meetings where contact schools are discussed.</i></p> <p>Further Progress by December 2014 visit A Senior Her Advisor is present at every meeting of the Quality Group and the Management Team, who reports on progress against the action. The HA is present at meetings where contact schools are discussed.</p> <p><u>Progress up to June 2014 visit</u> <i>Two detailed discussions were held at meetings of the Scrutiny Committee. It is consistently sought to intertwine Council Members' roles with their roles as Governors. Specific training sessions were held for Elected Members by the Senior GwE System Leader.</i></p> <p>Further Progress by December 2014 visit Detailed reports on 'Promoting the Quality of Education Project' and 'The Work and Impact of GwE' will be submitted to the Services Scrutiny Committee on 11 December</p> <p><u>Progress up to June 2014 visit</u> Further Progress by December 2014 visit Act on the grounds of the Partnership Agreement in line with the support levels in each category. Have used powers on a regulatory issue at Ysgol y Gader. Moving on to the regional/national categorising arrangement and reviewing the Partnership Agreement.</p> <p>Realised improvements</p> <ul style="list-style-type: none"> • There have been obvious improvements in nearly every indicator in all of the linked schools between 2012 and 2014. • Improvement in the % of target schools with performance in the lowest quartile in 2013 (KS4 indicators quartile benchmarks for 2014 are not available at present, but target schools have shown obvious improvements for almost every indicator in 2014). 	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
				<p>Results of ESTYN Visit 2-5 December 2014 This recommendation has been partly addressed.</p>	
<p>A3 Monitor and challenge every school and use all the available powers at the LEA's disposal to improve leadership and management at underperforming schools.</p>	<p>Monitoring Officers: Head of Education, Senior Schools Manager, Senior Additional Learning Needs and Education Inclusiveness, Challenge Consultant, Corporate Director</p>	<ul style="list-style-type: none"> • Empower the Authority's actions in relation to developing leadership and management in primary schools. 	<p>Summer 2014</p>	<p>Garem Jackson was appointed Education Quality Improvement Officer in September 2013. Part of his role is to develop and lead on plans in the field of developing leadership, specifically in the primary sector.</p> <p>The mentoring scheme for new head teachers / head teachers in charge was established in September 2013 in order to develop the capacity and competence of these individuals to lead and manage their schools more effectively. This plan (seven days of specific and strategic support, which is more than the three days which is recommended by the Welsh Government) was based on the Welsh Government's Leadership Standards. Experienced or newly retired head teachers were provided as mentors. The plan continues this year (2014-2015) for a new cohort of new headteachers / headteachers in charge.</p> <p>A Leadership Development Workshop was held for deputies and assistant head teachers at Ysgol Eifionydd, Porthmadog on 4 December 2013. Middle leaders were also in attendance at the training. A presentation was given followed by group activities using the Welsh Government's document (Leadership Standards – individual leadership review) as a basis for the activities.</p> <p>The following elements were identified and developed:</p> <ul style="list-style-type: none"> • Further understanding of the leadership standards and the evidence needed to complete the school leadership review; • The inclusion of individuals to further contribute towards leadership and management within their schools; and • Understanding and knowing the individual key fields/standards that need to be developed further by individuals in order to contribute towards: <ol style="list-style-type: none"> a. Leadership and management; and b. Professional development (e.g. preparing for applications for CPC/head teacher posts). <p>Following holding awareness raising sessions and preparing for prospective CPC applicants this year (2014-2015), 10 applicants from Gwynedd succeeded to make an application. 8 of the 10 applicants have been selected for the CPCP programme this year. That means that 40% of the successful applicants across the six authorities of the north come from Gwynedd (8 out of the regional quota of 20).</p> <p>A conference was held on 18 November 2013 to launch 'School to School' in Gwynedd on the form of a pilot scheme to:</p> <ul style="list-style-type: none"> • Establish a local procedure of taking action that emulates aspects of the national model for Lead/Developmental Schools; and • establish a professional network for school leaders to promote improvements and to share good practices. <p>The conference was very successful, which led to groups of three or four schools being developed in the strategic fields. The Authority selected the groups, while the school leaders selected the strategic fields.</p> <p>A second conference was held on 16 June 2014 in order to re-visit the field, and to offer opportunities</p>	<p>Work continues to be In progress</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
				<p>for school leaders to select different groups and strategic fields for 2014-2015. This time, school leaders were selecting their groups, and the strategic fields were selected by the Authority, namely:</p> <ul style="list-style-type: none"> • The Literacy and Numeracy Framework; • Reducing the impact of poverty on achievement; • Leadership; • Governance (including ‘Supporting Headteachers to offer better guidance to Governors’); and • Assessing and tracking, including tracking welfare. <p>Following discussions at meetings of the Post Inspection Commissioning Team during 2013-2014, an innovative pilot scheme was established in the Moelwyn catchment area to release one of the school headteachers for 40% of his time (Mr. Dewi Lake was appointed, Headteacher of Ysgol y Moelwyn) to act as a Strategic Leader for all the catchment area’s schools in specific fields, namely:</p> <p>General Principles</p> <ul style="list-style-type: none"> • Establishing a culture and procedures which promote excellence. • Challenge underperformance on every level, offer support and ensure appropriate intervention and follow-up. <p>Specific / Operational Fields</p> <ol style="list-style-type: none"> 1. Promote a co-ordinated development in the catchment area in the fields of literacy, numeracy and reducing the impact of poverty on achievement. 2. Lead on developing leadership on every level across the catchment area. 3. Lead on effectively tracking progress. 4. Lead and encourage multi-agency provisions for the benefit of children and their families. 5. Chair meetings of the chairs of governing bodies at the catchment area’s schools. 6. Develop co-ownership over the best possible use of regulatory and educational resources available in the catchment area. <p>A bid was formed to the Welsh Government for financial assistance to realise the above. Although financial support from the Welsh Government was not available, they are very supportive of the principles (the scheme was directly funded by the Education Department). As a result, the scheme has received the interest and focus of the National Leadership Development Board (NLDR), and one of the Authority’s officers was invited to give a presentation on the scheme to the NLDR in July 2014. The scheme was put to the test in September 2014, with the first meeting on 9 September (one of the Authority’s officers were present). By now, the Strategic Leader and the other heads are meeting every two weeks to realise the objectives of the scheme.</p> <p>The documentation in the evidence column can be referred to for a more detailed explanation and background.</p> <p>Initial discussions were held with Ceredigion, Powys, Carmarthenshire and the ERW Consortium during 2013-2014 to discuss collaboration in the field of mentoring new headteachers / headteachers in charge. Gwynedd has shared the Headteacher Mentoring Scheme with Ceredigion and Carmarthenshire, and it is expected that there will be further development to this collaboration in future.</p> <p>Two workshops were held on 28 and 29 November 2013 by 7 leading headteachers in the field of self-</p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<ul style="list-style-type: none"> • In cases 	Continuousl	<p>evaluation and planning for improvements. The workshops were very successful, with representation of GwE advisors and officers from the Authority supporting them. Between both workshops, almost every primary headteacher in Gwynedd received quality training in these fields.</p> <p>There was an increase of 2.7% in the TL2+ which is the main KS4 indicator for 2014. Despite this, too many secondary schools remain in the lower quartiles of the FSM benchmarks because of disappointing performance in Mathematics and English mainly.</p> <p>There has been some progress to ensure the accuracy and consistency of teachers' assessments in the primary sector, but there is a need to ensure a more robust procedure of standardising and moderating during the current academic year, and this has been programmed as part of a priority action by GwE.</p> <p>Termly monitoring visits have been held [focus on the performance at the end of key stage ... in the Autumn Visit and progress against targets in every following visit]. A high challenge level has been requests for action plans where concern about performance was identified. The Heads of Core Subjects have attended several of these monitoring meetings in secondary schools and are challenged on the performance of their departments.</p> <p>A performance analysis has been held in every school and although the gap between the strongest and the weakest has reduced, some inconsistency remains along the quality of the evaluations. There is better consistency in the secondary sector than what is seen in the primary sector. That has led to targeting support and intervention for specific schools in both sectors.</p> <p>Categorising has happened based on risk using agreed criteria.</p> <p>Stakeholders have received a letter of notice and meetings have been held with the Head/Chair of Governors to highlight the requirements.</p> <p>A programme of intervention/support has been targeted for orange/red schools. Significant improvements have been seen in approximately half the schools and a definite progress in most of the remaining schools. More severe intervention is in operation with the schools that have not made an adequate progress including implementing to develop the role of the Governors as a critical friend and to improve the quality of evaluation and planning improvements.</p> <p>Plans are in operation across all schools but there is some inconsistency in the quality of those plans in some schools.</p> <p>A programme of intervention and support has been agreed and implemented in every school. There is a definite focus in the progress monitoring visits and to collect evidence of the impact of the intervention.</p> <p>Additional monitoring visits have been held and detailed reports on progress have been submitted to the SMT/Governors.</p> <p>Regular progress reports have been submitted to the Quality Group/Management Team/Scrutiny Committee.</p> <p>Training on the role of challenging has been presented to Elected Members and school Governors. Collective training sessions were held for Governors in the fields of data analysis; self-evaluation, planning for improvements and challenging the school's performance. Additionally, specific training sessions were held for Governors of schools which cause concern.</p> <p>A suitable level of challenge and support is ensured for schools via the collaboration between GwE and the Authority.</p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<p>where a school is placed in a statutory category by Estyn, the Authority has to act urgently and use the statutory powers</p> <ul style="list-style-type: none"> • Ensure that sharp and appropriate procedures are in place by means of the Regional Service [GwE] to monitor and evaluate the progress of the schools and to intensify the actions and interventions where 	<p>y</p> <p>Continuously</p>	<p>A statutory power was used in relation to a regulatory matter with one school. Training on the role of challenging has been presented to Elected Members and school Governors. An increase in the number of schools who include Governors either in termly monitoring visits or monitoring/scrutiny practices with the Her Advisor. Targets have been agreed for the performance at the end of key stages at every school and the challenge level is to be checked at monitoring visits. A concern remains in a minority of secondary schools about the gap between performance and target. A more detailed focus has been on evaluating leadership quality at the termly monitoring visits. Improved quality and consistency to self-evaluation processes and planning for improvement across the Authority, with a programme of intervention/support targeted for a few schools which still cause concern. An increase in the number of schools who include Governors either in termly monitoring visits or monitoring/scrutiny practices with the Her Advisor.</p> <p>A monitoring programme has been agreed with every school and progress reports have been submitted to the school, the governors and the LA. Her Advisors have been part of an up-skilling programme, and the service has implemented comprehensive quality checking procedures [which included general templates, sharing good practices, monitoring visits and standardising reports.] As a result, there is a higher level of consistency in the quality of the support and the challenge across both sectors. Regular progress reports have been submitted to the Quality Group/Management Team/Scrutiny Committee.</p> <p>Identifying an officer from the Education Department to co-ordinate performance management matters and the collaboration between the officer and the Performance Improvement Officer has organised the Education Department's reporting on progress. Monitoring and challenging happens through the medium of the department's Management Team, then the Delivery Panel. Matters of concern will be brought to the attention of the Cabinet. In addition to the above procedure the Scrutiny procedure implements on matters of concern which are identified by the Corporate Performance Team and are challenged, according to need, at the Scrutiny Committee. The Education Quality Promotion Project derived from this procedure.</p> <p>Realised improvements</p> <ul style="list-style-type: none"> • Effective monitoring and challenging programme operational along with clear arrangements for reporting on progress • Higher level of challenge/accountability operational. • Leadership quality improved across schools in both sectors. • No schools adjudged as <i>unsatisfactory</i> by Estyn in Key Stage 3 since 19 September 2013 and 5 schools have been adjudged as <i>adequate</i>. • Improved ownership of the improvement programme across the range of stakeholders [Heads, 	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<p>the expected progress cannot be seen.</p> <ul style="list-style-type: none"> • Empower and sharpen the Council's internal accountability procedures for schools' performance: 	Continuously	<p>Officers, System Leaders, Governors and Elected Members].</p> <p>Results of ESTYN Visit 2-5 December 2014 This recommendation has been partly addressed.</p>	
<p>A4 Continue to develop and implement the authority's current strategies to improve attendance at secondary schools.</p>	<p>Monitoring Officer: Senior Manager Additional Educational Learning Needs and Education Inclusiveness</p>	<ul style="list-style-type: none"> • Ensure evaluation of methods and procedures in Gwynedd secondary schools to record absences. 	July 2013	<p><u>Progress up to June 2014 visit</u> Completed. <i>Every secondary school has continued to make progress against their attendance %. 8 schools have shown progress over 2 consecutive years.</i></p> <p>Further Progress by December 2014 visit Every secondary school continues to make progress against their attendance %. 9/14 schools are in the highest quartiles.</p> <p><u>Progress up to June 2014 visit</u> Completed. Report has been submitted to the GCSU. <i>Every secondary school has continued to make progress against their attendance %. 8 schools have shown progress over 2 consecutive years.</i></p> <p>Further Progress by December 2014 visit Completed. Intention to submit a further report to the GCSU on 2013/14 data. Every secondary school has continued to make progress against their attendance %.</p> <p><u>Progress up to June 2014 visit</u> Completed. <i>Attendance % of every secondary school has improved.</i> 2011/12 - 3 schools are in the highest quartiles. 11 schools are in the lowest quartiles. 1 school – Q1 2 schools – Q2 2 schools – Q3</p>	<p>Has been completed to a large extent</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as
				<p>8 schools – Q4 By 2012/13 – 9 are in the highest quartiles and 5 are in the lowest quartiles. 4 schools – Q1 5 schools – Q2 3 schools – Q3 2 schools – Q4</p> <p><u>Further Progress by December 2014 visit</u> Attendance % of every secondary school continues to improved. 2013/14 Data 6 schools – Q1 3 schools – Q2 2 schools – Q3 3 schools – Q4</p> <p><u>Progress up to June 2014 visit</u> Completion Information has been submitted to the relevant groups. Attendance data shows an improvement. 12/13 Performance benchmarks - KS3 - 12 schools are in the highest quartiles. 2 schools are in the lowest quartiles. KS4 - 6 schools are in the highest quartiles. 8 schools are in the lowest quartiles. Regional guidance regarding Fixed Penalty Notices has been adapted. Training on implementing FPN has been presented to the inclusion officers, welfare officers and heads of department.</p> <p><u>Further Progress by December 2014 visit</u> Completed. Information has been submitted to the relevant groups. Attendance data shows an improvement. Regional guidance regarding Fixed Penalty Notices has been adapted. Training on implementing FPN has been presented to the inclusion officers, welfare officers and heads of department. Guidance on implementing FPN is in place. Agreement across the sectors has been received in relation to school holidays, study period, prosecution, FPN. Authorised absences – 5.8% - 4th best in Wales Unauthorised absences – 0.6% - 3rd best in Wales</p> <p><u>Progress up to June 2014 visit</u> Training and school visits completed. Administrative staff showing proficiency in implementation - consistency in implementation. Absences have reduced.</p> <p><u>Further Progress by December 2014 visit</u> Training and school visits completed. Administrative staff showing proficiency in implementation - consistency in implementation. Absences have reduced.</p> <p><u>Progress up to June 2014 visit</u> Completed.</p>	<ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as
				<p><i>Level of absences has reduced.</i> <i>Attendance Advisory Officer has submitted reports to the relevant forums.</i> <i>It is reported in accordance with the Departmental Performance Management procedure on attendance on a quarterly basis at the Education Management Team under the Chairpersonship of the Cabinet Member for Education.</i></p> <p><u>Further Progress by December 2014 visit</u> Continued progress. Completed. Level of absences has reduced.</p> <p><i>Attendance Advisory Officer has submitted reports to the relevant forums.</i> <i>It is reported in accordance with the Departmental Performance Management procedure on attendance on a quarterly basis at the Education Management Team under the Chairpersonship of the Cabinet Member for Education.</i></p> <p><u>Progress up to June 2014 visit</u> Completed. <i>Visits to share good practices have been held in every secondary school.</i> <i>Policy and strategy to implement registration have been updated to meet the new requirements of September 2014.</i></p> <p><u>Further Progress by December 2014 visit</u> Completed. <u>Progress up to June 2014 visit</u> Completed. <i>Every secondary school has completed an annual report and has sent a copy to the WG and the Education Department.</i> <i>2012/13 – Authorised absences - have reduced to 6.6% compared with 7.9% in 2011/12.</i> <i>Wales – 7.4%.</i> <i>Gwynedd is joint-second best on a national level.</i> <i>Unauthorised absences 2012/13 – have improved from 0.9% to 0.7%. Wales is 1.3%. Gwynedd is placed joint-third on a national level.</i></p> <p><u>Further Progress by December 2014 visit</u> Completed. Every secondary school has completed a year report and has sent a copy to the WG and the Education Department. 2013/14 - Authorised absences - have reduced from 6.6% to 5.8%. Gwynedd is 4th best on a national level. Wales – 6.4% Unauthorised absences 2013/14 – have improved from 0.7% to 0.6%. Wales is 1.3%. Gwynedd is placed joint-third on a national level.</p> <p><u>Progress up to June 2014 visit</u> Completed. <i>Attendance data shows an improvement.</i></p>	<ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<ul style="list-style-type: none"> • Ensure the absence improvement targets of specific schools in accordance with their previous performance and agree on an action plan with each school in relation to attendance. 	Spring 2013	<p>Further Progress by December 2014 visit Completed. Attendance data shows an improvement.</p> <p>Progress up to June 2014 visit Completed. Attendance data shows an improvement.</p> <p>Further Progress by December 2014 visit Completed. Attendance data shows an improvement.</p> <p>Progress up to June 2014 visit Completed. Every secondary school has agreed to set an attendance target of 95%. Monitoring reports are being submitted consistently at the meetings of the Education Welfare Service and the information is submitted to the Education Management Team.</p> <p>Further Progress by December 2014 visit Completed. Every secondary school has agreed to set an attendance target of 95%. Monitoring reports are being submitted consistently at the meetings of the Education Welfare Service and the information is submitted to the Education Management Team.</p> <p>Progress up to June 2014 visit Specific target groups have been established in the secondary schools. The Welfare Service monitors the performance of attendance. Monitoring information will be submitted by the Education Management Team. It is reported in accordance with the Departmental Performance Management procedure on attendance on a quarterly basis at the Education Management Team under the Chairmanship of the Cabinet Member for Education. Attendance Advisory Officer has submitted recommendations to the GCSU and the Inclusion Group providing guidance on specific aspects such as illustrative policy, FPN etc. It is intended to undertake a full evaluation of the impact of the work of the Attendance and Welfare Officers on the outcomes of the target groups, and performance of individual schools, before the end of the 2013/14 academic year with an intention to draw up an action plan in light of this evaluation's outcomes.</p> <p>Further Progress by December 2014 visit Specific target groups have been established in the secondary schools. The Welfare Service monitors the performance of attendance. Monitoring information will be submitted by the Education Management Team. It is reported in accordance with the Departmental Performance Management procedure on attendance on a quarterly basis at the Education Management Team under the Chairmanship of the Cabinet Member for Education. Attendance Advisory Officer has submitted recommendations to the GCSU and the Inclusion Group providing guidance on specific aspects such as illustrative policy, FPN etc.</p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as
				<p>The work programme of the Attendance and Welfare Officer monitors the outcomes of target groups and individual schools' performance with the intention of including an action plan in the SDP of every school.</p> <p><u>Progress up to June 2014 visit</u> <i>Specific target groups have been established in the secondary schools. The Welfare Service monitors the performance of attendance.</i> <i>The Education Department is in the process of reviewing the work patterns of Officers on a county scale. Their work programmes have been adapted to include reviews on specific target groups of learners in every school.</i> <i>Attendance shows an improvement – absences reducing.</i></p> <p><u>Further Progress by December 2014 visit</u> Specific target groups have been established in the secondary schools. The Welfare Service monitors the performance of attendance. The work programme of the Attendance and Welfare Officer monitors the outcomes of target groups and individual schools' performance with the intention of including an action plan in the SDP of every school. Attendance shows an improvement – absences reducing.</p> <p><u>Progress up to June 2014 visit</u> <i>Completed.</i> <i>Regular, monthly meetings with the Welfare Team. The minutes of those meetings will be submitted to the Management Team.</i> <i>Monitoring information will be submitted by the Education Management Team.</i> <i>It is reported in accordance with the Departmental Performance Management procedure on attendance on a quarterly basis at the Education Management Team under the Chairmanship of the Cabinet Member for Education.</i></p> <p><u>Further Progress by December 2014 visit</u> Regular, monthly meetings with the Welfare Team. The minutes of those meetings will be submitted to the Management Team. Monitoring information will be submitted by the Education Management Team. It is reported in accordance with the Departmental Performance Management procedure on attendance on a quarterly basis at the Education Management Team under the Chairmanship of the Cabinet Member for Education.</p> <p><u>Progress up to June 2014 visit</u> <i>Completed.</i> <i>Attendance shows an improvement – absences reducing.</i></p> <p><u>Further Progress by December 2014 visit</u> Attendance shows an improvement – absences reducing. Regular, monthly meetings with the Welfare Team. The minutes of those meetings will be submitted to the Management Team. Monitoring reports will be included in the monthly minutes of the Welfare Team.</p>	<ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		<ul style="list-style-type: none"> • Ensure that attendance data is inspected in detail and proactively by the attendance and welfare service, and agree on improvements following annual self-evaluations. 	Annual from 2013/2014	<p><u>Progress up to June 2014 visit</u> Completed. Reports received and discussed at the monthly meetings of the Welfare Service. Details shared within the performance management structure of the Council on a quarterly basis.</p> <p><u>Further Progress by December 2014 visit</u> Regular, monthly meetings with the Welfare Team. The minutes of those meetings will be submitted to the Management Team. Monitoring reports will be included in the monthly minutes of the Welfare Team.</p> <p><u>Progress up to June 2014 visit</u> Item on attendance and the impact of holidays on attendance in the next edition of 'Gwynedd Ni', September 2014. Illustrative policy model has been discussed and presented to the Inclusion Officers of every secondary school (Secondary Inclusion Group). Policy includes information about holidays during school terms and administration and implementation of fixed penalty notices.</p> <p><u>Further Progress by December 2014 visit</u> Item on attendance and the impact of holidays on attendance in the next edition of 'Gwynedd Ni', January 2015. Illustrative policy model has been discussed and presented to the Inclusion Officers of every secondary school (Secondary Inclusion Group). Policy includes information about holidays during school terms and administration and implementation of fixed penalty notices. Every school has updated an attendance policy in accordance with the illustrative policy model under the guidance of Inclusion Officers.</p> <p>Realised improvements</p> <p><u>Progress up to June 2014 visit</u> Attendance of Gwynedd secondary schools is improving. 2011/12 – 3 schools are in the highest quartiles. 11 schools are in the lowest quartiles. 1 schools – Q1 2 schools – Q2 2 schools – Q3 8 schools – Q4 By 2012/13 – 9 are in the highest quartiles and 5 are in the lowest quartiles. 4 schools – Q1 5 schools – Q2 3 schools – Q3 2 schools – Q4 Consistency in terms of the actions and structures across secondary schools in the field of absences leading to improved performance by specific groups of children. Impact of the additional regional resource (by means of the national Attendance Improvement grant), leading to an improvement in attendance over time.</p> <p><u>Further Progress by December 2014 visit</u> Attendance of Gwynedd secondary schools has improved and is continuing to improve.</p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
				<p>2013/14 – 9 schools are in the highest quartiles. 5 schools are in the lowest quartiles. 6 schools – Q1 3 schools – Q2 2 schools – Q3 3 schools – Q4 Consistency in terms of the actions and structures across secondary schools in the field of absences leading to improved performance by specific groups of children. Impact of the additional regional resource (by means of the national Attendance Improvement grant), leading to an improvement in attendance over time.</p> <p>Result of ESTYN Visit – 2-5 December 2014 This recommendation has been largely addressed.</p>	
<p>A5 Improve quality of self-evaluation, and how improvement plans and performance management procedures are implemented in the Education Department.</p>	<p>Monitoring Officers: Head of Education, Planning and Strategic Performance Manager, Assistant Assistant Education Quality Improvement Officer</p>	<ul style="list-style-type: none"> • Ensure additional capacity within the Education Department to co-ordinate performance management matters. 	<p>Continuously</p>	<p><u>Progress up to June 2014 visit</u> <i>Officer from the Education Department has been designated to co-ordinate performance management matters. The Officer and the Performance Improvement Officer meet regularly.</i> <u>Further Progress by December 2014 visit</u> Officer from the Education Department has been designated to co-ordinate performance management matters. The Officer and the Performance Improvement Officer meet regularly – this arrangement continues.</p> <p><u>Progress up to June 2014 visit</u> <i>Additional assistance is provided by the Performance Improvement Officer on quarterly monitoring matters. Robust quarterly procedure in place, with a quarterly performance handbook provided to the department's Management Team.</i> <u>Further Progress by December 2014 visit</u> Above arrangement continues.</p> <p><u>Progress up to June 2014 visit</u> <i>Cabinet Member chairs a Quarterly monitoring slot, and time has been programmed and maintained in the 2013/14 financial year. Timescale has been programmed for 2014/15. Accountability and ownership has strengthened following the arrangements. Outcomes' agreement – the result of improving the quality of education was totally successful in 2013/14.</i> <u>Further Progress by December 2014 visit</u> Cabinet Member chairs a Quarterly monitoring slot. Timescale has been programmed for 2014/15. Accountability and ownership has strengthened following the arrangements.</p> <p><u>Progress up to June 2014 visit</u></p>	<p>Work continues to be in progress</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as
		<ul style="list-style-type: none"> • Ensure identification of individual improvement programmes that contribute towards the indicators of the Education Department / Service. • Create a matrix of the indicators. • Agree and establish a robust self- 	<p>October 2013</p> <p>December 2013</p> <p>September 2013 – December 2014</p>	<p><i>Robust quarterly procedure in place, with a quarterly performance handbook provided to the Department's Management Team.</i> <i>Specific item on the agenda of the Management Team under the chairmanship of the Cabinet Member.</i> <i>On the whole, performance will be monitored within three weeks.</i> <i>Matters being discussed/resolved in the Delivery Panel.</i></p> <p><u>Further Progress by December 2014 visit</u> <i>Above arrangement continues.</i></p> <p><u>Progress up to June 2014 visit</u> <i>Completed.</i> <i>Training held on 04/10/2014.</i></p> <p><u>Further Progress by December 2014 visit</u> <i>Completed.</i></p> <p><u>Progress up to June 2014 visit</u> <i>Individual improvement projects / programmes have been identified ensuring a better system of accountability in individual services.</i></p> <p><u>Further Progress by December 2014 visit</u> <i>In light of the evaluations of individual services, individual work programmes have been identified which have led to improved accountability in individual services.</i> <i>Officers within the Education Department are clear regarding their responsibilities for specific indicators.</i> <i>This has also led to strengthening and improving planning on a departmental level.</i></p> <p><u>Progress up to June 2014 visit</u> <i>Timescale has slipped.</i> <i>Following a slippage with the work's timescale, it was decided to postpone the work until 2014/15 as 2014/15 indicators are different due to the Council's annual business planning cycle.</i></p> <p><u>Further Progress by December 2014 visit</u> <i>In light of the evaluations of individual services, individual action plans have been identified in order to monitor progress and evaluate performance. This has led to better accountability in individual services and ensured better planning on a departmental level.</i></p> <p><u>Progress up to June 2014 visit</u> <i>Improvement programmes have been identified.</i> <i>During 2014/15, there will be a need to agree on a procedure and timescale to report on progress in individual services.</i></p> <p><u>Further Progress by December 2014 visit</u> <i>In light of the evaluations of individual services, individual work programmes have been identified that</i></p>	<ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
		evaluation system.		<p>have led to better accountability in individual services. <i>Officers within the Education Department are clear regarding their responsibilities for specific indicators. This is also a way to strengthen and improve planning on a departmental level.</i></p> <p><u>Progress up to June 2014 visit</u> <i>Bids Timescale has been addressed, with bids determined within the corporate timescale. Threats and Opportunities meetings have been held with every service unit, namely:</i></p> <ul style="list-style-type: none"> • Pupils and Inclusion – 13/02/14 • Schools Improvement – 17/02/14 • Resources – 07/03/14 • Schools – 12/03/14 <p><i>Self-evaluation per service completed with relevant staff. 2014/15 priorities and indicators have been identified. It is intended to review the SE above at the meetings of the Management Team at the beginning of September as part of the process of identifying the department's bids. It is intended to undertake a more detailed self-evaluation following receipt of the final Summer 2014 outcomes namely in the succeeding new year (February 2015).</i></p> <p><u>Further Progress by December 2014 visit</u> <i>Bids Timescale has been addressed, with bids determined within the corporate timescale. Threats and Opportunities meetings have been held with every service unit, namely:</i></p> <ul style="list-style-type: none"> • Pupils and Inclusion – 16/09/14 • Schools Improvement – 21/10/14 • Resources – 23/09/14 • Schools Organisation – 25/09/14 <p><i>Self-evaluation per service completed and action plans identified. 2014-15 priorities and indicators have been identified. It is intended to undertake a more detailed self-evaluation following receipt of the final Summer 2014 outcomes namely in the succeeding new year (February 2015).</i></p> <p><u>Progress up to June 2014 visit</u> <i>Completed. 2014/15 priorities and indicators have been identified.</i></p> <p><u>Further Progress by December 2014 visit</u> <i>Completed. 2014/15 priorities and indicators have been identified.</i></p> <p>Realised improvements <u>Progress up to June 2014 visit</u> <i>Strengthen ownership within the Department and the accountability of the Education Department for performance management matters. Provide clear guidance on Performance Management principles and procedures.</i></p>	

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
				<p><i>Detailed planning arrangements and thorough performance management procedures. Make more effective use of performance indicators in order to regularly monitor progress against milestones, and take appropriate rectification steps. Ensure that all Education Department officers contribute to the discussion on the threats and opportunities of services on an annual basis.</i></p> <p>Further Progress by December 2014 visit Ownership and accountability has strengthened within the Department for performance management matters. Clear guidance on Performance Management principles and procedures. Detailed planning arrangements and thorough performance management procedures. Make more effective use of performance indicators in order to regularly monitor progress against milestones. All Education Department officers contributing to the discussion on the threats and opportunities of services on an annual basis. Officers within the Education Department are clear regarding their responsibilities for specific indicators. In light of the self-evaluations of individual services, individual work programmes have been identified that have led to better accountability in individual services. This has also led to strengthening and improving planning on a departmental level.</p> <p>Result of ESTYN Visit – 2-5 December 2014 This recommendation has been partly addressed.</p>	
<p>A6 Continue to implement plans to reduce the number of surplus places.</p>	<p>Monitoring Officers: Lead Manager (Re-organisation of Secondary Schools), Lead Manager Re-organisation of Primary Schools, Senior Schools Manager, and Officer to be designated.</p>	<ul style="list-style-type: none"> • Implement surplus place programmes in specific areas and catchment areas. 	<p>Continuously</p>	<p>Realised improvements</p> <ul style="list-style-type: none"> • The pattern of reducing surplus places in the County is the result of a combination of reorganisation schemes and the work of reviewing schools' capacity. • Schemes are in the pipeline or have been implemented to remove 1,289 surplus places in the primary sector by combining school reorganisation schemes and the work of reviewing schools' capacity. This is within the target set against January 2015 to reduce Primary surplus places. • The number of surplus places is reducing in the secondary Sector. Schemes e.g. the Berwyn scheme, are going to contribute further to the target in the next few years. • Schemes are in the pipeline or have been implemented to remove 1,014 surplus places in the secondary sector by combining • school reorganisation schemes and reviewing schools' capacity. <p>SUMMARY</p> <ul style="list-style-type: none"> • By January 2015, 1,474 surplus places will be removed from Gwynedd Council's schools estate which is equivalent to a saving of £532,620 (in accordance with the cost of a surplus place as defined in a report by Estyn) (<i>How do surplus places influence available resources to be spent on improving outcomes for pupils? - 2012</i>) • By means of proposed schemes, a further 851 surplus places should have been removed from Gwynedd Council's schools' estate by September 2017 which is equivalent to a saving of £338,778 (in accordance with the cost of a surplus place as defined in a report by Estyn). 	<p>Has been completed to a large extent</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?		Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete 																																													
				<ul style="list-style-type: none"> • Given all the schemes that have been realised so far, and upcoming schemes between now and September 2017, a total of 2,325 surplus places will be removed from Gwynedd Council's schools' estate, which creates a saving of £871,038 (in accordance with the cost of a surplus place as defined in a report by Estyn). • This information has been summarised in the tables below: <table border="1" data-bbox="1154 648 2493 1484" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #e0f7fa;"> <th>Scheme / Project</th> <th>Impact on Surplus Spaces by January 2015</th> <th>Savings in accordance with Estyn (£262 Primary, £510 Secondary)</th> </tr> </thead> <tbody> <tr><td>Tywyn</td><td>-257</td><td>-£67,334</td></tr> <tr><td>Berwyn phase 1 – Upgrading Ysgol O. M. Edwards</td><td>-43</td><td>-£11,266</td></tr> <tr><td>Berwyn phase 2 – Lifelong Campus in Bala</td><td>0</td><td>0</td></tr> <tr><td>Gader Catchment Area</td><td>0</td><td>0</td></tr> <tr><td>Groeslon, Carmel and Bronyfoel Area School</td><td>0</td><td>0</td></tr> <tr><td>Ysgol Glancegin</td><td>0</td><td>0</td></tr> <tr><td>Ysgol Llidiardau</td><td>-76</td><td>-£19,912</td></tr> <tr><td>Secondary Surplus Places</td><td>-589</td><td>-£300,390</td></tr> <tr><td>Primary Surplus Places</td><td>-509</td><td>-£133,358</td></tr> <tr style="background-color: #e0ffe0;"><td>TOTAL</td><td>-1,474</td><td>-£532,260</td></tr> </tbody> </table> <table border="1" data-bbox="1154 1549 2504 1881" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #e0f7fa;"> <th>Scheme / Project</th> <th>Impact on Surplus Spaces by January 2015</th> <th>Savings in accordance with Estyn (£262 Primary, £510 Secondary)</th> </tr> </thead> <tbody> <tr><td>Berwyn phase 2 – Lifelong Campus in Bala</td><td>-388</td><td>-£193,416</td></tr> <tr><td>Gader Catchment Area</td><td>-262</td><td>-£89,972</td></tr> <tr><td>Groeslon, Carmel and Bronyfoel Area School</td><td>-97</td><td>-£25,414</td></tr> </tbody> </table>	Scheme / Project	Impact on Surplus Spaces by January 2015	Savings in accordance with Estyn (£262 Primary, £510 Secondary)	Tywyn	-257	-£67,334	Berwyn phase 1 – Upgrading Ysgol O. M. Edwards	-43	-£11,266	Berwyn phase 2 – Lifelong Campus in Bala	0	0	Gader Catchment Area	0	0	Groeslon, Carmel and Bronyfoel Area School	0	0	Ysgol Glancegin	0	0	Ysgol Llidiardau	-76	-£19,912	Secondary Surplus Places	-589	-£300,390	Primary Surplus Places	-509	-£133,358	TOTAL	-1,474	-£532,260	Scheme / Project	Impact on Surplus Spaces by January 2015	Savings in accordance with Estyn (£262 Primary, £510 Secondary)	Berwyn phase 2 – Lifelong Campus in Bala	-388	-£193,416	Gader Catchment Area	-262	-£89,972	Groeslon, Carmel and Bronyfoel Area School	-97	-£25,414	
Scheme / Project	Impact on Surplus Spaces by January 2015	Savings in accordance with Estyn (£262 Primary, £510 Secondary)																																																
Tywyn	-257	-£67,334																																																
Berwyn phase 1 – Upgrading Ysgol O. M. Edwards	-43	-£11,266																																																
Berwyn phase 2 – Lifelong Campus in Bala	0	0																																																
Gader Catchment Area	0	0																																																
Groeslon, Carmel and Bronyfoel Area School	0	0																																																
Ysgol Glancegin	0	0																																																
Ysgol Llidiardau	-76	-£19,912																																																
Secondary Surplus Places	-589	-£300,390																																																
Primary Surplus Places	-509	-£133,358																																																
TOTAL	-1,474	-£532,260																																																
Scheme / Project	Impact on Surplus Spaces by January 2015	Savings in accordance with Estyn (£262 Primary, £510 Secondary)																																																
Berwyn phase 2 – Lifelong Campus in Bala	-388	-£193,416																																																
Gader Catchment Area	-262	-£89,972																																																
Groeslon, Carmel and Bronyfoel Area School	-97	-£25,414																																																

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Recommendation	Responsibility	Action Plan	By when?				Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete 																					
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Ysgol Glancegin</td> <td style="width: 33%; text-align: center;">-93</td> <td style="width: 33%; text-align: right;">-£24,366</td> </tr> <tr> <td>Secondary Surplus Places</td> <td style="text-align: center;">-11</td> <td style="text-align: right;">-£5,610,</td> </tr> <tr style="background-color: #d9ead3;"> <td>TOTAL</td> <td style="text-align: center;">-851</td> <td style="text-align: right;">-£338,778</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: auto; margin-right: auto;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 33%;">Date</th> <th style="width: 33%;">Impact on Surplus Spaces by September 2017</th> <th style="width: 33%;">Savings in accordance with Estyn (£262 Primary, £510 Secondary)</th> </tr> </thead> <tbody> <tr> <td>By January 2015</td> <td style="text-align: center;">-1,474</td> <td style="text-align: right;">-£532,260</td> </tr> <tr> <td>By September 2017</td> <td style="text-align: center;">-851</td> <td style="text-align: right;">-£338,778</td> </tr> <tr style="background-color: #d9ead3;"> <td>TOTAL</td> <td style="text-align: center;">-2,325</td> <td style="text-align: right;">-£871,038</td> </tr> </tbody> </table> <p>Result of ESTYN Visit – 2-5 December 2014 This recommendation has been partly addressed.</p>			Ysgol Glancegin	-93	-£24,366	Secondary Surplus Places	-11	-£5,610,	TOTAL	-851	-£338,778	Date	Impact on Surplus Spaces by September 2017	Savings in accordance with Estyn (£262 Primary, £510 Secondary)	By January 2015	-1,474	-£532,260	By September 2017	-851	-£338,778	TOTAL	-2,325	-£871,038	
Ysgol Glancegin	-93	-£24,366																										
Secondary Surplus Places	-11	-£5,610,																										
TOTAL	-851	-£338,778																										
Date	Impact on Surplus Spaces by September 2017	Savings in accordance with Estyn (£262 Primary, £510 Secondary)																										
By January 2015	-1,474	-£532,260																										
By September 2017	-851	-£338,778																										
TOTAL	-2,325	-£871,038																										

2. OTHER INSPECTIONS

2.1 Wales Audit Office Report: Local Authorities Safeguarding Children Arrangements – Gwynedd Council – October 2014

Gwynedd Council’s Local Authorities Safeguarding Children Arrangements were audited by Wales Audit Office and a report was published in October 2014. Following this, the proposals below were submitted in the report of Councillor Wyn Williams to the Cabinet on 16 December 2014. In order to ensure that action had been taken in terms of the proposals, the report in question was submitted, as well as the national report, to the Strategic Safeguarding Children and Vulnerable Adults Panel (29 September 2015). It was agreed at the meeting that the Operational Group would consider the national recommendations and local proposals and report on any gaps that remain which require further attention. The Operational Group will report back to the Strategic Safeguarding Children and Vulnerable Adults Panel on 02 December 2015.

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P1	Review the Local Authority Designated Officer for Child Protection requirements under the Children Act 2004 to ensure full compliance with the legislation.	Corporate Director	<ol style="list-style-type: none"> 1. The proposal was submitted to the Cabinet – 16.12.14. 2. The report was discussed with relevant officers to try to identify potential actions. 3. The proposal was submitted to the Strategic Safeguarding Children and Vulnerable Adults Panel (29.09.15) to see whether or not further action was required to what had already been implemented. 4. Observations in terms of any gaps that remain or elements that require further attention is expected at the next meeting of the Strategic Safeguarding Children and Vulnerable Adults Panel – 02.12.15. 	02.12.15	Specifically in terms of this proposal, it was noted in the Strategic Safeguarding Children and Adults Vulnerable Panel that further clarity was required from the Wales Audit Office as some were unclear what exactly was in question here. After the meeting, it was agreed that Dafydd Paul, Senior Manager – Safeguarding and Quality, would follow up the matter with the Wales Audit Office and report back to the Strategic Safeguarding Panel (02.12.15).	In progress
P2	Ensure safeguarding risks, and their mitigating actions, are up to date in the Corporate Risk Register.	Corporate Director	<ol style="list-style-type: none"> 1. The proposal was submitted to the Cabinet – 16.12.14. 2. The report was discussed with relevant officers to try to identify potential actions. 3. The proposal was submitted to the Strategic Safeguarding Children and Vulnerable Adults Panel (29.09.15) to see whether or not further action was required to what had already been implemented. 4. Observations in terms of any gaps that remain or elements that require further attention is expected at the next meeting of the Strategic Safeguarding Children and Vulnerable Adults Panel – 02.12.15. 	02.12.15	<p>They have been included on the Corporate Risk Register.</p> <p>The corporate register will be submitted to the Management Group and a report on risk management arrangements will be submitted to the Audit Committee on 1 December 2015.</p>	Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P3	Improve scrutiny of key elements of the Council's safeguarding arrangements through, for example, regular reporting on performance on safe recruitment; attendance and impact of safeguarding training; and the outcome of the annual school audit programme.	Senior Manager - Democratic and Delivery	<ol style="list-style-type: none"> 1. The proposal was submitted to the Cabinet – 16.12.14. 2. The report was discussed with relevant officers to try to identify potential actions. 3. The proposal was submitted to the Strategic Safeguarding Children and Vulnerable Adults Panel (29.09.15) to see whether or not further action was required to what had already been implemented. 4. Observations in terms of any gaps that remain or elements that require further attention is expected at the next meeting of the Strategic Safeguarding Children and Vulnerable Adults Panel – 02.12.15. 5. It should be emphasised that the existence of the Strategic Safeguarding Panel is evidence in itself of scrutinising the safeguarding field – this is one of the reasons for the Panel namely to monitor and scrutinise the field. <p>The item was noted at the annual workshop of the Services Scrutiny Committee during the year.</p>	02.12.15	<p>The matter is being considered by the Services Scrutiny Committee at its meeting on 26 November when key indicators in the field, amongst other things the Scrutiny Committee have sought, will be addressed.</p> <p>The intention of the Services Scrutiny Committee is to scrutinise whether or not they think the arrangements the Council have put into place in terms of the Strategic Safeguarding Panel work.</p>	Being planned
P4	Agree a regular internal audit programme of work for reviewing the Council's safeguarding arrangements.	Senior Manager - Revenue & Risk	<ol style="list-style-type: none"> 1. The proposal was submitted to the Cabinet – 16.12.14. 2. The report was discussed with relevant officers to try to identify potential actions. 3. The proposal was submitted to the Strategic Safeguarding Children and Vulnerable Adults Panel (29.09.15) to see whether or not further action was required to what had already been implemented. 4. Observations in terms of any gaps that remain or elements that require further attention is expected at the next meeting of the Strategic Safeguarding Children and Vulnerable Adults Panel – 02.12.15. 5. The existence of the Strategic Safeguarding Panel and the Safeguarding Operational Group seeks to respond to matters in terms of the Council's safeguarding arrangements, and at times this would include input from internal audit. <p>Audits will be undertaken regularly.</p>	02.12.15	<p>An audit was undertaken by Glyn Hughes, independent consultant, in 2014. Further details (e.g. specific dates) can be obtained from Geraint Owen.</p> <p>For 2015/16, a discussion was held with Catrin Thomas, Chair of the Safeguarding Operational Panel, and it was agreed on a programme for Internal Audit to undertake the work.</p> <p>An update on that will be submitted at every meeting of the Audit Committee.</p>	Complete

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as
P5	Provide training for all staff on the Council's Whistleblowing Policy.	Learning and Development Manager	<p>1. The proposal was submitted to the Cabinet – 16.12.14.</p> <p>2. The report was discussed with relevant officers to try to identify potential actions.</p> <p>3. The proposal was submitted to the Strategic Safeguarding Children and Vulnerable Adults Panel (29.09.15) to see whether or not further action was required to what had already been implemented.</p> <p>4. Observations in terms of any gaps that remain or elements that require further attention is expected at the next meeting of the Strategic Safeguarding Children and Vulnerable Adults Panel – 02.12.15.</p> <p>Due to the number of individuals who need to receive basic awareness raising sessions in the Safeguarding field, sessions will be held through e-learning under the care of the Learning and Development team.</p> <p>In addition to this, a Series of Awareness Raising workshops for Managers and Elected Members have been held, and further sessions are being arranged for the future.</p>	02.12.15	<p>In terms of "Whistleblowing" in the context of Safeguarding, there are instructions on how to report concerns within the Safeguarding policy and modules.</p> <p>Also:</p> <ul style="list-style-type: none"> ○ reference is made to it in the workshops for managers ○ cards with contact numbers have been circulated to staff <p>As this is slightly different to the general "Whistleblowing" procedure, it is not anticipated that additional sessions to the e-learning modules will be held.</p>	<p>In progress</p> <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete

2.2 Gwynedd Domiciliary Care Services Review by Care and Social Services Inspectorate for Wales

The above report was published on 14 March 2014 following the inspection on 5 February 2014 and 7 February 2014. A scheduled baseline inspection is held every 3 years. It was noted, although steps have been taken to address the issues identified during the last inspection, progress is slow and effective steps must be taken to implement the new documentation in each area in particular

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as
1	Risk assessments	Registered Manager of the residential Home	It is expected that a risk assessment is completed to identify any risks for service users in the residential homes.	Continuous	Monitoring Visits 27 from officers who monitor Provider, Adults, Health and Well-being.	<p>In progress (continuous)</p> <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
2	Person-centred care planning documentation	Registered Manager of the residential Home	All our documents have been adapted in the form of a PCP, Personal Centre Plan, for every individual in our Elderly and Learning Disability Residential Homes.	Continuous	Monitoring Visits 27 from officers who monitor Provider, Adults, Health and Well-being.	<p>In progress (continuous)</p> <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete

2.3 National Review of the Use of Deprivation of Liberty Safeguards (DOLS) in Wales 2014 - Gwynedd Local Authority and Betsi Cadwaladr University Health Board - Care and Social Services Inspectorate for Wales (CSSIW)

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
1	The Council and Health Board should continue to develop understanding of the Mental Capacity Act, DoLS and the implications of the Supreme Court at all levels. It should ensure that it builds on the existing knowledge and skills of care managers in adult services so that where there are authorised deprivations in place, care management reviews reflect consideration of their outcome and effectiveness. The links between care management and contract monitoring in adult services should be more robust.	Corporate Director			<ul style="list-style-type: none"> - A Training programme is in place to ensure training opportunities for all staff and any other relevant person to work in accordance with Mental Capacity Act 2005.. - The Adult, Health and Wellbeing Department has appointed a DoLS Co-ordinator who liaises and updates the care homes/managing authority in Gwynedd in relation to any changes and to provide support as and when needed. - The DoLS Coordinator has compiled an information pack to support all workers involved with people who could be deprived of their liberty and how to identify if a person meets the DoLS criteria - The DoLS Coordinator works closely with the Managing Authorities and the Local Authority to ensure that all involved with the process are clear in regards to what needs to be completed and what criteria needs to be met. If there is any uncertainty the coordinator will visit all relevant parties to discuss the process and criteria, this builds up on their knowledge and improves working in partnership. <p>The Department is adopting a category management process which will make the links between care management and contracts monitoring more robust</p>	<p>In progress</p> <p>Complete</p> <p>Complete</p> <p>In progress</p> <p>In progress</p>
2	The Council and Health Board should ensure that it reports performance information on the Safeguards to senior managers and elected members regularly.	Corporate Director			<ul style="list-style-type: none"> - Wider safeguarding arrangements are being put in place by the Department - Regular reports are prepared and any concerns raised are highlighted.. Data collection is reviewed and updated on a monthly basis, and information shared with managers at all times. Annual report is provided to the CSSIW of every referral that the supervisory body are in receipt of. 	<p>In progress</p> <p>In progress</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
3	The Council should examine its management arrangements to ensure that there are no conflicts of interest between its supervisory body and managing authority functions.	Corporate Director			<ul style="list-style-type: none"> - The Department is currently reviewing the management structure. - A DoLs co-ordinator has been appointed to gate keep and monitor all incoming referrals and liaises with the legal department to ensure that there is no conflict of interest. - We are very mindful to ensure that Best interest assessors have no connections with the client they are assessing. - Any concerns raised will be highlighted to the co-ordinator and alternative assessors will be found whether it's an independent assessor. - The co-ordinator is aware that in some cases the establishment will be a supervising body as well as a management authority. It will ensure that the assessors will comply with the assessors' assessment legislation. Every assessor must make their decision, ensuring that the appropriate level of objectivity is given in the assessment process. We follow the Practice Code. - As a Supervisory Body we seek to avoid appointing assessors in any other possible conflict of interests or situations that might bring into question the objectivity of an assessment. The coordinator is aware of what is considered a conflict of interest and all best interest assessors are aware that they need to inform the Supervisory Body if they know the person being assessed or their family 	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p>

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

2.4 Care and Social Services Inspectorate for Wales Report – Gwynedd Fostering Service – January 2015

A scheduled inspection was held during October and November 2014. The report notes: “We did not identify any areas of non-compliance with the requirements of The Fostering Services (Wales) Regulations 2003; however we have identified areas where practice could be further developed to assist in improving the standard of the service provided.

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
1	Foster carers felt more should be done to recognise what children achieve.	Senior Operational Manager – Care Resources	Consider methods where the Council can acknowledge children in care’s achievements	April 2015	An annual day is held to celebrate foster care. Where individual children achieve well in education, sports, or in general in any aspect of their lives the head of Service writes to congratulate them.	Complete (continuous)
2	Develop the initiative to better involve children in foster carer reviews.	Senior Operational Manager – Care Resources	Develop questionnaires in order to include the views of carers’ children in annual reviews from the foster carer register.	March 2015	Questionnaires have been developed for specific ages and are already in use.	Complete
3	Consider a review of the disruption meeting format.	Senior Operational Manager – Care Resources	Discuss the arrangements of the meetings with the independent provider.	March 2015	The arrangement has been reviewed. It will be monitored when conducting an annual review of the fostering service.	Complete

2.5 Wales Audit Report: Housing and Council Tax Benefit Service Review

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P1	Ensure that effective succession planning arrangements are in place for the Quality Assurance and Training Officer (QA and T Officer) post.	Senior Manager - Revenue & Risk	Keep the effective succession planning arrangements of the whole unit under continuous consideration, not only for one post.	As soon as possible	The arrangements of the whole unit are under consideration in the context of the welfare reform system, and the roles and responsibilities of all posts have been considered when discovering efficiency savings and cuts in accordance with the corporate framework.	In progress
P2	Ensure that all staff are aware of business continuity arrangements contained in the disaster recovery plan.	Senior Manager - Revenue & Risk	Ensure that emergency planning arrangements of the Finance Department is available for everyone.	As soon as possible	New corporate arrangements have recently been introduced, with Strategic and Operational Panels established within the Council to ensure consistency. The Benefits Unit, as with every other unit within the Council, is working within these arrangements.	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
P3	Ensure that the transfer of the delivery of take-up activities from the Council to the Citizens Advice Bureau (CAB) does not impact negatively on citizen engagement.	Senior Manager - Revenue & Risk	Arrangements have been established with Citizens' Advice Bureau in order to maintain service standards.	As soon as possible	<p>In 2012, it was reported to the Audit Committee that CAB had appointed a benefits promotion officer with finance that had been transferred to them from the Welsh Government, and that this officer was already in contact with the Council's benefits officers, establishing protocols to refer cases etc.</p> <p>Service Level Agreements between the Council and the Citizens' Advice Bureau (annual agreements with the current ones in place until 31 March 2016). These include a specific reference to the matters referred to in Proposal for Improvement C3.</p>	Complete
P4	Consider introducing a process of consultation or survey to evaluate the customer's view about the service.	Senior Manager - Revenue & Risk	<p>In September 2012, it was reported to the Audit Committee, "The Council is strongly in favour of the general principle of consulting with customers. However, we do not consider that it would be timely to do this so close to the most radical national changes ever to the benefits service (cutting the level of rent allowance permitted, introducing the local support scheme for council tax and shifting the Council's housing benefit rights to the DWP's own Universal Credit system)." These observations were approved by the Committee at the time.</p>	As soon as possible	<p>As Committee members will be aware, there has been a substantial slippage in the Westminster Government's timescale to introduce Universal Credit. Consequently, the situation described in 2012, to all intents, continues.</p> <p>However, it should be noted that Siop Gwynedd is consulting with a percentage of their customers to evaluate opinion on services received; this will include customers who receive advice about benefits.</p>	Being planned

2.6 Wales Audit Report: Gwynedd Council Information Management Feedback (April 2012)

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
1	The Council should enhance the action plan which supports the information strategy to include actions to identify the Council's information and intelligence needs and to co-ordinate the activity of the range of information	Information Manager	<p>This was discussed with Gwenan Parry, Head of Customer Care Support Department in 2012.</p> <p>It was felt that the function of the Information Management Service was not to find out what were the Council's information requirements and that our role was to provide guidelines and expertise on how to manage information once it had reached the Council (in terms of protection, disposal, accuracy,</p>		<p>No monitoring procedure has been in place. Has been incorporated in the Strategic Plan in the Strategic Plan after the Governance Group noted that not enough is done about it.</p>	In progress

EXTERNAL AUDIT REPORTS 2012/13 – 2014/15

APPENDIX 1

Ref	Further proposals for improvement	Responsibility	Implementation Plan	By When	The monitoring arrangement and the progress made so far	Rate your progress as <ul style="list-style-type: none"> • Not started • Being planned • In progress • Complete
	services to meet these needs.		retention for appropriate periods of time). This is the role of information management services in every Council. The role of the Research Unit is to respond to the services' information requirements. The Information Management Strategy will soon be updated, therefore, we can incorporate this for the future if there is a desire to do this.			
2	Develop an appropriate forum to co-ordinate the activities of the Council's information teams.	Information Manager?	Collaboration with the information team of the Adults Department already takes places. There would be a need to be clear on the purpose and aim of the forum.		No monitoring procedure has existed.	Not started
3	Ensure that the responsibilities of an Information Security Group are effectively discharged, clearly defined as per ISO27001 and documented. Strengthen arrangements to formally brief the Senior Information Risk Owner following forum meetings to ensure corporate oversight of, and responsibility for information issues.	Information Manager	The Security Group has now changed to be the Senior Information Risk Owner Delivery Group. Meetings are chaired by the Senior Owner and are documented, and there is a procedure for reporting back to the corporate Information Management and Protection Group.		The work has been completed.	Complete
4	Address the non-compliance issues in relation to the time it takes to respond to Freedom of Information requests.	Information Manager	This has been resolved – 2013-14 performance was 91% and 2014-15 was 90%, therefore, a major improvement has taken place since the date of the review.		Performance is reported on the Ffynnon system on a quarterly basis and figures are submitted to the Council's Information Management Group.	Complete

Agenda Item 5

MEETING	AUDIT COMMITTEE
DATE	21 JANUARY 2016
TITLE	THE COUNCIL'S SCRUTINY ARRANGEMENTS
AUTHOR	Arwel E Jones (Senior Manager – Democracy and Delivery)
PURPOSE OF THE REPORT	To hold a discussion on a work programme in response to a Wales Audit Office report

1. I reported to the Audit Committee on 1st December, 2015, that we had received a report from the Wales Audit Office (WAO) reviewing the effectiveness of scrutiny in Gwynedd. As part of that work, they suggested three main areas that need to be addressed in order to improve scrutiny in Gwynedd:-
 - Dealing with the perceived disengagement between the Cabinet and the scrutiny committees. by looking, amongst other things, at more “pre-decision scrutiny” of Cabinet business
 - Improving the clarity of scrutiny recommendations so that what happens as a result of scrutiny work can be more clearly identified
 - Improving the quality of questioning at scrutiny committees to provide greater focus and quality for the scrutiny
2. We have now received the final version of the report, a copy of which is attached as Appendix 1. It includes 9 recommendations that require a response. In Appendix 2 to this report, the recommendations are noted together with some observations and considerations for the committee to look at in preparing an action plan in response to those recommendations.
3. The committee’s initial response to those considerations are sought together with guidance on the suitability of the draft action points in the attached document.



Review of the Effectiveness of Scrutiny

Gwynedd Council

Audit year: 2015-16

Issued: November 2015

Document reference: 493A2015

Status of report

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties.

In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at info.officer@audit.wales.

The team who delivered the work comprised Fflur Jones and Nigel Griffiths.

Contents

Summary report

Summary	4
Proposals for improvement	5
Although the Council has recently implemented some improvements to the scrutiny process, it remains ineffective in a number of key areas and does not fully meet the three improvement objectives in the Scrutiny Strategy	6
There is a lack of a shared understanding and recognition of the purpose, value and responsibilities of scrutiny	7
There are a number of weaknesses in scrutiny arrangements and gaps in the skills of committee members	8
There is insufficient awareness of the impact of scrutiny which risks undermining its intended purpose of contributing to improvements in the services the Council provides for the people of Gwynedd	12

Summary report

1. Scrutiny has a pivotal role in promoting improvement, efficiency and collaboration across public services and holding those responsible for delivering services to account. The role of scrutiny is increasingly important at this time when public services are responding to the challenge of financial constraints, while continuously seeking to improve in response to rising public expectations. The Local Government (Wales) Measure 2011 introduced a number of changes to the way scrutiny previously operated in local government, including the new requirement to take into account the views of the public on service provision and delivery.
2. Between 2013 and 2014, the Wales Audit Office undertook a national improvement study into the effectiveness of scrutiny arrangements across local government in Wales entitled **Good Scrutiny? Good Question!** The study identified a number of significant benefits of effective scrutiny at local government level including:
 - improving the evidence base for decisions including those on the allocation of resources;
 - ensuring that decisions are transparent and in accordance with the needs of the local community;
 - contributing to developing policy;
 - undertaking specific reviews; and
 - monitoring performance.
3. The study also concluded that 'local government scrutiny in Wales is improving but councils need to do more to develop consistently rigorous scrutiny to increase public accountability in decision-making'.
4. There are three scrutiny committees at Gwynedd Council (the Council): Corporate, Communities and Services. The committees operate under the Council's Scrutiny Strategy, 'Scrutiny for Improvement 2014-2017'. The strategy identifies three improvement objectives for the scrutiny committees to deliver: 'better services', 'better decisions' and 'better engagement'.
5. Our review sought to answer the question: Are the scrutiny processes at Gwynedd Council effective and robust, and do they meet the three improvement objectives in the Scrutiny Strategy? Our work included observing committee meetings; pre-meetings and forward work programme workshops; interviews with senior officers and members; and a review of documents provided by the Council. We concluded that: **Although the Council has recently implemented some improvements to the scrutiny process, it remains ineffective in a number of key areas and does not fully meet the three improvement objectives in the Scrutiny Strategy.**

-
6. We came to this conclusion because:
- there is a lack of a shared understanding and recognition of the purpose, value and responsibilities of scrutiny;
 - there are a number of weaknesses in scrutiny arrangements and gaps in the skills of committee members; and
 - there is insufficient awareness of the impact of scrutiny which risks undermining its intended purpose of contributing to improvements in the services the Council provides for the people of Gwynedd.
7. Our proposals for improvement are set out below. The Council should prepare an action plan to show how, by whom and by when our improvement proposals will be implemented.

Proposals for improvement

P1	Enable more pre-decision scrutiny by aligning meetings of the scrutiny committees more closely with those of the Cabinet.
P2	Develop a more detailed Cabinet work programme and ensure its availability to the pre-meetings of the scrutiny committees.
P3	Apply the scrutiny committees' forward work programmes' selection criteria consistently.
P4	Develop resource plans to identify the officer and member input required to support/undertake the programmes of scrutiny and scrutiny investigation work.
P5	Improve the quality, consistency and timeliness of reports/information provided to the scrutiny committees.
P6	Provide feedback to the scrutiny committees of all recommendations – whether implemented or not – made to the Cabinet.
P7	Include an assessment in the Overview and Scrutiny Annual Report of how the work of the scrutiny committees has met the objectives in the Scrutiny Strategy and supported improvements to Council services.
P8	Ensure all regulators' recommendations and/or proposals for improvement are reported to, and monitored by, the appropriate scrutiny committee.
P9	Implement a new training and development programme for scrutiny committee members.

Although the Council has recently implemented some improvements to the scrutiny process, it remains ineffective in a number of key areas and does not fully meet the three improvement objectives in the Scrutiny Strategy

8. The Council's scrutiny committees have the following responsibilities:
 - Services Scrutiny Committee – scrutinises areas including education and social care that together account for over 80 per cent of the Council's expenditure;
 - Communities Scrutiny Committee – scrutinises areas that have an impact on the well-being of communities across Gwynedd including economy and regeneration, housing and waste; and
 - Corporate Scrutiny Committee – scrutinises areas such as the Council's Strategic Plan, the work of partnerships and engagement with the public.
9. Each scrutiny committee comprises 18 members and holds five full meetings a year. The meetings usually last between two and three hours. Pre-scrutiny meetings are scheduled to be held four to five weeks before formal committee meetings. Annual forward work programme workshops are also held to agree the issues for scrutiny and to identify topics for in-depth investigations by working groups.
10. The Council's Scrutiny Strategy specifies three improvement objectives:
 - better services – democratic accountability that drives improvement in public services;
 - better decisions – democratic decision-making process that is accountable, inclusive and robust; and
 - better engagement – the public is engaged in democratic debate about the current and future delivery of public services.
11. The overall purpose of the three objectives is to support the Council's vision of 'A Council that is recognised for holding itself and others to account, reducing its dependence on, and intervention by, regulators'. The Council's scrutiny process must be fully effective in all areas of its operation if the objectives are to be successfully achieved. This is not currently the case.

There is a lack of a shared understanding and recognition of the purpose, value and responsibilities of scrutiny

12. There is widespread confusion and scepticism amongst officers and members regarding both the role and value of scrutiny within the Council – much of which is founded in the changes to the number and responsibilities of scrutiny committees introduced in 2012. Although the changes were well planned and implemented, they have not, overall, generated the expected improvements to the scrutiny process.
13. The resultant lack of confidence has created barriers to the effectiveness of some key areas of scrutiny and, therefore, the capability of scrutiny to support improvement in the Council's decision-making and the quality of its services. Members of the scrutiny committees we spoke to feel that the efforts to re-define and clarify the roles of Cabinet and scrutiny following the 2012 changes have resulted in the work of scrutiny being 'side-lined' and isolated from many important areas including policy development and the challenge and monitoring of service performance.
14. Members also feel there is too little regular contact with Cabinet members and senior managers. Chairs and vice-chairs of the scrutiny committees currently meet the Cabinet every six months. Scrutiny officers have recently taken steps to encourage Cabinet members to have an increased role in identifying items for scrutiny forward work programmes. Members we spoke to do not believe this is sufficient to ensure that they can independently identify and challenge issues as and when they arise.
15. Attempts have also been made to improve the frequency of contacts between senior officers, Cabinet members and scrutiny. Informal meetings are now held between the Cabinet member for Social Services, the Chair and Vice-Chair of the Services Scrutiny Committee and the Corporate Director to discuss upcoming issues in the department. Despite the potential, these meetings have to facilitate more proactive scrutiny; they are not held regularly and are often cancelled at short notice.
16. Members of the Senior Management Team are also extremely sceptical about the current role and value of scrutiny. Some cited examples of members being overly hostile when scrutinising and questioning and, therefore, being counter-productive to the shared goal of seeking improvement across the Council.
17. The lack of confidence in scrutiny amongst officers and members, and the lack of effective co-ordination between scrutiny and decision-makers, restrict the role of scrutiny as a critical friend that can support the identification and promotion of improvements at the Council.

There are a number of weaknesses in scrutiny arrangements and gaps in the skills of committee members

- 18.** As part of the review, we attended a number of forward work programme workshops, pre-meetings and formal scrutiny committee meetings and examined scrutiny investigation documents and other relevant material.

Scrutiny committees use sound criteria for choosing and prioritising items for their forward work programmes, but it is not applied consistently and there is a lack of consideration of available resources

- 19.** Scrutiny forward work programmes include items from a number of different sources including the Council's Strategic Plan, previous investigations and annual monitoring of key areas. The 2015-16 scrutiny forward work programmes also contain a number of items of pre-decision scrutiny referred by Cabinet members.
- 20.** Once all items are sourced and collated, scrutiny committees determine their forward work programmes using a four-question set of criteria based around:
- whether the item affects the majority of the people of Gwynedd, or those that are the most vulnerable;
 - whether scrutiny could make a difference to the way the item is dealt with by the Council;
 - whether it is timely to consider the item; and
 - whether the item is a priority for the Council, eg part of the Strategic Plan.
- 21.** Cardiff Business School has assessed the criteria as good practice. We found they worked well with two of the three scrutiny committees as they encouraged members to explore the rationale for including items in the forward work programmes and to discuss and agree their prioritisation. However, there was little exploration and analysis of items at the Corporate Scrutiny Committee's forward work programme workshop. As a result, the Committee did not consider in enough detail the potential contribution of the scrutiny process to each of the items under discussion.
- 22.** There is little discussion around, or identification of, the resources required to complete forward work programmes. Officer support capacity and the time constraints imposed by only five full committee meetings a year are given insufficient consideration during the setting of the programmes.

Meetings are not held frequently enough to enable members to give adequate consideration to important agenda items, particularly in the Services Scrutiny Committee, and the contribution of pre-meetings to the effectiveness of the scrutiny process is variable

23. The low number of scrutiny committee meetings limits the potential of the scrutiny function. Members of the Services Scrutiny Committee we spoke to believe that insufficient time is available to them to provide an effective challenge to policy development and service delivery and performance in areas that account for about 80 per cent of Council expenditure.
24. During our review, we observed a pre-meeting replaced by a forward work programme workshop and another held significantly later than the Council's target of four to five weeks in advance of the formal committee meetings. Good practice identified by the Wales Audit Office's **Good Scrutiny? Good Question!** report states that pre-meetings that take place well in advance of formal committee meetings can enable scrutiny to discuss and plan their activities to ensure that:
- the purpose of each item is clear;
 - the information needs and required witnesses are agreed; and
 - the committees have an effective mechanism for developing lines of enquiry.
25. We also observed a pre-meeting which lacked focus and direction and where members attempted to challenge issues in advance of the formal committee meeting rather than identifying any further information requirements and determining lines of enquiry. The Council recognises that inconsistencies in the timetabling and operation of some pre-meetings can have a negative impact on the quality and impact of scrutiny.

There is a lack of engagement between the Cabinet and scrutiny committees

26. Despite recent attempts to encourage Cabinet members to improve engagement with scrutiny, there remains a separation and a lack of co-ordination between the agendas and work of Cabinet and the scrutiny committees. A lack of detail in the Cabinet forward work programme makes it difficult for scrutiny committees to identify, in advance, areas on which to focus. In addition, as Cabinet meetings are held far more frequently than those of scrutiny committees, there are only limited opportunities for scrutiny to provide input and challenge to many areas of Cabinet business.
27. The consequent disengagement between the work of the Cabinet and that of the scrutiny committees prevents the Council from fully achieving the improvement objective of securing 'better decisions' through effective scrutiny.

Regulators' recommendations and proposals for improvement are not consistently included in work programmes

28. External regulators such as the Wales Audit Office, Estyn and the Care and Social Services Inspectorate Wales (CSSIW) issue reports to the Council that contain recommendations and/or proposals for improvement for the Council in many key areas. Some reports are specific to the Council while others are national reports often containing examples of good practice elsewhere in Wales.
29. Reports by the regulatory bodies are not consistently included in the forward work programmes of the Council's scrutiny committees. Current practice is that the scrutiny support officers refer some of the reports from Estyn, CSSIW, and the Wales Audit Office, to the appropriate committee for inclusion in their programmes. This can, however, result in important items, such as the Annual Improvement Report by the Wales Audit Office, being absent from programmes. We also found that, during forward work programme workshops, there is generally a lack of enthusiasm for, and appreciation of, the value regulators' reports can add to scrutiny.

The quality, detail and presentation of information provided to scrutiny are variable

30. The majority of papers presented to scrutiny committees are of a reasonable quality. However, some of the information provided contains complex statistical material and makes assumptions about the level of knowledge of members in a particular service area. Some of the papers also use acronyms without any accompanying explanation.
31. A number of members told us of their frustration about the ease of use, timeliness, completeness and relevance of some of the information they receive. Estyn and CSSIW have expressed similar concerns following their visits to scrutiny committees.

Gaps in the skills of some scrutiny committee members means the quality of questioning during meetings varies significantly and often results in a lack of focus in drafting recommendations

32. Some aspects of scrutiny meetings, such as the contributions of officers and Cabinet members, work well. However, a number of other areas are less effective. Weaker areas include a lack of focus in questioning and probing when holding Cabinet members to account and insufficient understanding of key issues during the formulation of recommendations intended to produce achievable and measurable improvements.
33. Scrutiny support officers provide Cabinet members invited to scrutiny meetings with a clear brief detailing the item under consideration and what information they are to provide. As reported earlier, this works well; the contributions of Cabinet members and officers are generally constructive and informative. We also observed some examples of effective and robust questioning. However, there were also a significant number of parochial questions lacking an appreciation and understanding of the subject matter.

-
34. Developing lines of enquiry during pre-meetings also presents a challenge, with some members failing to maintain a wider perspective on issues. In many cases, members use the pre-meeting to challenge the items on the agenda rather than formulating thorough and robust scrutiny questions for the subsequent formal meeting.
 35. In addition, we observed a number of instances during scrutiny committee meetings where members asked questions on individual cases relevant to their own wards and raised issues that were too specific for Cabinet members and officers to be able to answer. Other questions lacked cohesion and direction, hindering the progress of the agenda items towards clear, informed and robust recommendations.

Scrutiny investigations are generally well-formulated and robust but their broad scope and a lack of resources often result in a loss of momentum, delays to the final reports and make public engagement problematic

36. Each scrutiny committee routinely undertakes between two and three investigations a year. The investigations vary in size and scope depending on the item under review.
37. We examined two scrutiny investigations as part of our review – ‘The Quality of Education’ and ‘From Hospital to Home.’ The former investigation reported in 2013. The latter recently concluded its second stage, which was reported to the Services Scrutiny Committee in June 2015.
38. The outputs from the two scrutiny investigations are generally of a good quality. Reports are well structured and comprehensive, reflecting a commitment by members to make a meaningful contribution to the issues under review. Members are generally supportive of the principle of investigations as a means by which they can make an impact on the Council’s policy and decision-making.
39. However, some members expressed frustration and disappointment with the length of time investigations can take from scoping to reporting. While investigations are intended to report within six months, some take longer. As a result, momentum can be lost and reports could become out-dated before they are completed.
40. In addition to a loss of momentum and impact, members told us that the broad scope of some investigations makes meaningful public engagement problematic if not impossible. Both the Council’s Ffordd Gwynedd and Scrutiny Strategies promote a greater commitment to engagement with, and focus on, the citizens of Gwynedd. However, scrutiny investigations do not sufficiently engage in public consultation to inform their reports, relying instead on the experiences of a relatively small sample of citizens.
41. For example, the ‘Quality of Education’ investigation consulted with only 94 schoolchildren and 27 parents across the county, while the ‘From Home to Hospital’ investigation obtained the views of only 14 members of the public. Given the large scope of these investigations, it is unlikely that these numbers provide an accurate and balanced picture of the experiences of Gwynedd citizens. The Council is not, therefore, fully achieving the Scrutiny Strategy’s ‘better engagement’ improvement objective.

There is insufficient awareness of the impact of scrutiny which risks undermining its intended purpose of contributing to improvements in the services the Council provides for the people of Gwynedd

42. Overall, we found a lack of evidence that scrutiny contributes significantly to improving the Council's decision-making process and thereby the services it provides to the people of Gwynedd. The Council undertakes little, if any, analysis and assessment of the impact of scrutiny on, for example, the decisions of Cabinet and the impact of the work of scrutiny committees on improving services. Without a formal evaluation and reporting process, the Council is unable to demonstrate that it is achieving the 'better decisions' and 'better services' improvement objectives in the Scrutiny Strategy.

Cabinet's reported acceptance of all scrutiny recommendations can be misleading and contributes to the uncertainty about scrutiny's impact on decisions and service improvements

43. The Overview and Scrutiny Annual Report 2013-14 states that the Cabinet accepted all of the recommendations of the scrutiny investigations reported during the year. However, although the Cabinet accepts all the recommendations from scrutiny, it only implements some. Although there is no obligation on the Cabinet to accept all scrutiny recommendations, some members are frustrated that they receive no feedback to explain why their recommendations are not implemented. Cabinet members have recently agreed to re-examine their approach to responding to scrutiny recommendations.

Scrutiny does not consistently monitor the implementation of its recommendations

44. Scrutiny forward programmes regularly include updates on the progress of the implementation of recommendations made following scrutiny investigations. However, other recommendations from scrutiny committee meetings are rarely followed up. If scrutiny committees do not ensure that action is taken in response to all the recommendations made then their credibility for driving improvement in Council decisions and services will be compromised.

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru

REPORT RECOMMENDATIONS	OBSERVATIONS / CONSIDERATIONS	DRAFT ACTION POINTS
1. Enable more pre-decision scrutiny by aligning meetings of the scrutiny committees more closely with those of the Cabinet	<ul style="list-style-type: none"> • There is scope to challenge whether more pre-scrutiny will improve the quality of scrutiny work • However, there is an element of pre-scrutiny in place already and strengthening it further will depend to some extent on the response to Recommendation 2 • We would challenge whether aligning meetings (and holding more) is the best way of improving scrutiny • There is scope to look at the scrutiny committee model afresh to see whether it fulfills its purpose • It would be possible to record how much pre-scrutiny takes place • The current committees' work programmes are inconsistent 	<p>To establish a small sub-group (of Audit, Scrutiny and Cabinet Members) who would:-</p> <p>(a) Look at the workload of the committees and research other scrutiny models including support arrangements</p> <p>(b) talk to others about possible models</p> <p>(c) introduce a simple system of recording how much pre-scrutiny takes place.</p> <p>The sub-group to prepare recommendations for consideration by the Council before it starts on its new year in May, 2016</p>
2. Develop a more detailed Cabinet work programme and ensure its availability to the pre-meetings of the scrutiny committees	<ul style="list-style-type: none"> • The Cabinet work programme is currently weak in terms of planning beyond the next quarter • There is a need to look hard at the new Strategic Plan to identify early subjects that require Cabinet decision and note where pre-scrutiny would add value • The level and nature of the dialogue between Cabinet Members and individual scrutiny committees varies 	<p>(a) Commissioning specific work on the new Strategic Plan to identify key decision and, subsequently, the right time to feed those into the Scrutiny Forward Work-programme for next year</p> <p>(b) look at standardising the Council's requirements for the dialogue between Cabinet Members and Scrutiny Chairs</p>
3. Apply the scrutiny committees' forward work programmes' selection criteria consistently	<ul style="list-style-type: none"> • The Audit Office report praised the selection criteria but criticised that they were not implemented consistently • There is scope to improve further on the criteria asking the scrutiny committees to focus on matters where they can identify where there is scope for improvement 	<p>Undertake specific work with the Scrutiny Forum on the selection criteria for the forward work-programme workshops for 2016/17.</p>
4. Develop resource plans to identify the officer and member input required to support/undertake the programmes of scrutiny and scrutiny investigation work	<ul style="list-style-type: none"> • This is difficult since the Wales Audit Office has failed to provide any examples of where this is happening already • However, there is common sense in this and scope to see whether we can improve our current arrangements 	<p>Research into models for assessing scrutiny capacity presenting proposals on that to the Scrutiny Forum</p>

5. Improve the quality, consistency and timeliness of reports / information provided to the scrutiny committees	<ul style="list-style-type: none"> The quality and nature of performance reports has already been changed and this year is being used to assess whether they have improved as anticipated There is scope to develop further the scrutiny committees' preparatory arrangements so that they set out more clearly what is expected from reports- "What do we want to improve by scrutinising this?" and improve the clarity of scrutiny recommendations 	Develop a clearer focus at the preparatory meetings on what the scrutineers wish to achieve in scrutinising items – leading to clearer requirements on authors and clearer scrutiny recommendations arising from the discussions
6. Provide feedback to the scrutiny committees of all recommendations – whether implemented or not – made to the Cabinet	<ul style="list-style-type: none"> A successful pilot of a formal submission by a scrutiny committee to the Cabinet has already taken place – this will be developed further during the year. It is possible to develop this reporting system into a log that will, in turn, feed easily into the annual report 	(a) Extending the pilot of a formal report to Cabinet and reporting back to the scrutiny committees (b) Develop this system to create a log on the implementation of scrutiny recommendations
7. Include an assessment in the Overview and Scrutiny Annual Report of how the work of the scrutiny committees has met the objectives in the Scrutiny Strategy and supported improvements to Council services	<ul style="list-style-type: none"> The annual report already offers an assessment of what was achieved during the year but the work arising from Recommendation 6 will make that easier It would be possible to come to a general conclusion about implementing the objectives of the Scrutiny Strategy but there must be agreement on a methodology for doing so 	(a) Research into a reasonable methodology to assess the extent to which the objectives of the Scrutiny Strategy have been delivered (b) Invite the Scrutiny Forum to undertake a self-assessment of that (in collaboration with the Centre for Public Scrutiny)
8. Ensure all regulators' recommendations and/or proposals for improvement are reported to, and monitored by, the appropriate scrutiny committee	<ul style="list-style-type: none"> The Audit Committee has introduced a system for monitoring the implementation of recommendations or improvement suggestions The Audit Committee should be included more in the mainstream of the Council's scrutiny arrangements 	Ensure follow up from reports to the Audit Committee to preparatory meetings of scrutiny committees in the specific areas for possible inclusion in the scrutiny work programme
9. Implement a new training and development programme for scrutiny committee members	<ul style="list-style-type: none"> A pilot course has already taken place with the Welsh Local Government Association to seek scrutiny members' focus on the purpose of scrutiny The training will be rolled out further during 2016 targeting scrutiny members in particular 	a) Develop the new training provision further targeting attention on the purpose of scrutiny and how to add value b) Holding 1:1 sessions for new scrutiny members c) Prepare a pack on scrutiny committee work for May, 2017