

# Summary of External Regulations and Inspections **Annual Assurance Report**

2024 - 2025

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# Section 1 Summary of External Regulations and Inspections 2024/25

## Audit Wales

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG (If applicable)
<b>Unscheduled Care: Flow out of Hospital – North Wales Region</b>  <b>April 24</b>	<p><b>Report Link:</b>  <a href="#">North Wales Region - Urgent and Emergency Care: Flow out of Hospital</a></p> <p><b>Recommendation/Proposals for improvement:</b></p> <p><b>Improving training and guidance</b></p> <p><b>R1</b> The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made.</p> <p><b>R2</b> The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff.</p> <p><b>Improving compliance with policies and guidance</b></p> <p><b>R3</b> The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.</p> <p><b>R4</b> The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists.</p>	<p>Cabinet:</p> <p>O&amp;SC:</p> <p>G&amp;AC:</p>	<p>Oct 24</p> <p>Oct 24</p> <p>Nov 24</p>	<p><b>RAG – AMBER</b></p> <p>Some significant progress but work to implement the discharge policy ongoing.</p> <p>The update provided below has been developed at a regional level for use across each partner organisation.</p> <p><b>R1, R8</b> The Hospital Discharge Policy has now been finalised and is currently being taken through the Health Boards Governance Process. There has been engagement with Local Authority operational staff, at Regional Leadership Group and North Wales Adult Service Heads meetings. The Hospital Discharge Policy includes guidance on Reluctant Discharge, Choice and flow charts for easy reference</p> <p><b>R2</b> The Hospital Discharge Policy includes guidance on Reluctant Discharge, Choice and flow charts for easy reference. Electronic discharge forms are currently being developed. Two Optimal Patient Flow Co-ordinators have been appointed and are currently reviewing training and awareness information to support wider / refreshed learning across staff groups.</p> <p><b>R3</b> This work has been paused and will be looked at by a national team which includes representatives of North Wales</p> <p><b>R4</b> This work has not progressed as planned but will be part of the Optimal Flow Facilitators work Programme for the next six months.</p>

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	<p><b>Ensuring patient safety while awaiting care packages</b></p> <p><b>R5</b> The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such support is not in place at the time of discharge.</p> <p><b>R6</b> The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social care and to escalate issues to the appropriate service where necessary.</p> <p><b>Improving the quality and sharing of information</b></p> <p><b>R7</b> The Health Board and local authorities should ensure that all relevant staff have access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed. <b>R8</b> The Health Board should improve record keeping by:</p> <ul style="list-style-type: none"> <li>• ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.</li> <li>• establishing a programme of case-note audits focused on the quality of record keeping.</li> </ul> <p><b>R9</b> The Health Board and local authorities should implement ways in which information can be shared more effectively, including opportunities to provide wider access to organisational systems and ultimately joint IT solutions.</p>			<p><b>R5</b> The process is set out in the new Hospital Discharge Policy and will be referenced in the easy read flow charts in development.</p> <p><b>R6</b> Poor discharges will be picked up as part of the Discharge Improvement Groups which have now been established across North Wales Region. It is well established in the west, and the learning has already been shared.</p> <p><b>R7</b> There has been a programme of raising awareness for Health Board staff to ensure patients and families are signposted to appropriate sources of help and support.</p> <p><b>R9</b> It is hoped that in April, the Pathway of Care Delays (POCDs) data reported nationally will be made available to all Local Authorities via a shared platform which will allow greater interpretation and analysis of the detail relating to the reasons for delayed discharges from hospital.</p> <p><b>R10</b> Further Faster funding and most recently 50-day Challenge funding has enabled increased capacity within reablement teams. This has been achieved through recruitment to additional reablement worker posts. Redeployment of social care staff to hospital care coordinator roles to support discharge processes has also enabled timelier discharges of patients.</p> <p>Increased capacity within the Community Resource Teams and domiciliary care teams has been achieved through recruitment of agency social work staff, agency OT staff and additional domiciliary care brokerage hours</p> <p>Additional domiciliary care capacity has been secured in some rural areas. Lack of capacity in rural areas has been adversely affecting hospital discharge. 50 day challenge funding has enabled payment of an enhanced fee for staff travel to support up take of packages of care in some North Wales areas.</p>

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	<p><b>Addressing key gaps in capacity</b></p> <p><b>R10</b> The Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services which would enable timelier discharge of patients to their own home.</p> <p><b>Maximising the use of the Regional Integration Fund</b></p> <p><b>R11</b> The Health Board and local authorities, through the Regional Partnership Board (RPB), should mainstream long-standing schemes funded through RIF which are considered core services.</p> <p><b>R12</b> The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending.</p> <p><b>R13</b> To help inform decision-making and discussions, the Health Board and local authorities should:</p> <ul style="list-style-type: none"> <li>• ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including unscheduled care performance within the Health Board and waiting lists for social services and care packages; and</li> <li>• use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.</li> </ul>			<p>Local Authorities are also developing alternative models for domiciliary care with increased use of micro-providers.</p> <p>Further investment from Welsh Government has also been attributed to Betsi Cadwaladr University Health Board in order to realise the interventions surrounding the 0.5% high risk cohort and the community transition and assessment beds.</p> <p>The achievements related to this investment is being tracked and outputs recorded as part of the 50-day funding initiative.</p> <p>An end of term report is to be drafted outlining success or otherwise of such investments post 31.3.25 for reporting purposes at forthcoming RPB and Welsh Government meeting.</p> <p><b>R11</b> Following further analysis in 2024/25 it has been concluded that there is £26.9m of investment into mainstreamed Community Resource Team schemes.</p> <p><b>R12</b> Following an internal review of the change notification process, it was found that it works well as it outlines -</p> <ul style="list-style-type: none"> <li>• the rationale for change to funding use</li> <li>• how much funding is being flexed and between which services and,</li> <li>• the governance around the slippage decision making</li> </ul> <p>As a result, it will be continued for the forthcoming two years i.e. up until end of the Regional Integration Fund programme</p> <p><b>R13</b> This action has been superseded by Welsh Government's 50-day challenge which has been implemented across the nation from 11.11.24 onwards.</p> <p>Related POCD data and updated 50-day report is presented to RPB's Leadership Group (inclusive of IHC Directors) on a monthly basis and RPB when it meets every other month.</p> <p>Co-chairmanship options of the Urgent and Emergency Care Programme Board are being explored.</p> <p>Risk Register regularly discussed at operational meetings, there is a need to escalate risks to the attention of the RPB as part of the on-going dialogue re: POCD's.</p>

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	<p><b>Improving oversight and impact</b></p> <p><b>R14</b> The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their impact and how they collectively contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect.</p> <p>Embedding learning from actions taken to address delayed discharges</p> <p><b>R15</b> The Health Board and local authorities should ensure that mechanisms are in place to implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented.</p> <p><b>R16</b> The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by:</p> <ul style="list-style-type: none"> <li>• addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and</li> <li>• ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.</li> </ul>			<p><b>R14</b> It is hoped that in April the POCDs data reported nationally will be made available to all LA via a shared platform.</p> <p>Further work is required nationally on the collection and sharing of data relating to Enhanced Community Care. Partners joined a self-assessment discussion on 27th February – awaiting feedback from the national team.</p> <p><b>R15</b> 50-day challenge report is presented to Leadership Group (inclusive of Health Board and Local Authority representatives) for sharing of good practice and identification of improvement practices to be achieved consistently across the region.</p> <p><b>R16</b> This is well established in the west and has been implemented in central and east. They are now known as Discharge improvement groups. Terms of reference agreed. Care home / provider awareness sessions on going.</p>

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<b>Digital Strategy Review</b>  <b>July 2024</b>	<p><b>Report Link:</b>  <a href="#">Flintshire County Council – Digital Strategy Review   Audit Wales</a></p> <p><b>Recommendation/Proposals for improvement:</b></p> <p><b>Approach to collaboration</b></p> <p><b>R1</b> To ensure that it identifies opportunities to improve the value for money of its strategic approach to digital the Council should map out the organisations it could collaborate with in delivering its digital strategy and assess the potential benefits of opportunities it identifies</p> <p><b>Understanding the resource implications of its digital strategy</b></p> <p><b>R2</b> To help ensure its next digital strategy is deliverable and to be able to monitor the value for money of its strategic approach the Council should identify the medium and long-term resource implications of delivering its strategy.</p>	Cabinet: O&SC: G&AC:	July 24 July 24 June 24	<p><b>RAG – AMBER</b></p> <p><b>R1</b> The council intends to produce a map of its current partners and other organisations it may be able to partner with specifically in achieving the aims of delivering its Digital Strategy.</p> <p>This map will outline benefits of working with these organisations and will be shared corporately.</p> <p>Through the North Wales Digital Data and Technology Board a shared vision has been defined and approved by the Regional Partnership Board. The vision sets the strategic framework to enable integrated, seamless services and improve health and wellbeing in North Wales, delivered through four priority workstreams. Further work will be undertaken within the context of this regional strategic framework to develop a local digital partnership map specifically for Flintshire.</p>
				<p><b>RAG – GREEN</b></p> <p><b>R2</b> The Council will make changes to its business case process for Digital initiatives to ensure that it is able to better identify value for money and resource implications.</p> <p>The Council will undertake a review of the information gathered in recommendations two, three and four to inform the next iteration of the Council's Digital Strategy in 2026.</p> <p>The business case and operational processes were amended in late 2024 to help ensure that the Council can assess value for money in a structured way.</p>

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	<p><b>Identifying and monitoring intended savings</b></p> <p><b>R3</b> To help monitor the extent to which digital projects and its overall strategic approach to digital are providing value for money the Council should identify potential savings associated with digital projects and monitor the extent to which these are achieved.</p> <p><b>Assessing and monitoring impact</b></p> <p><b>R4</b> To better understand the overall impact of its digital strategy and monitor value for money, the Council should strengthen arrangements for measuring the effectiveness and impact of digital projects and its overall strategic approach.</p>			<p><b>RAG – AMBER</b></p> <p><b>R3</b> Greater level of challenge around identifying intended savings at the Digital Strategy Board.</p> <p>The Council will ensure that potential savings within projects are robustly identified within the business case process. The Council will make amendments to the current Digital Strategy Business Case template to facilitate this.</p> <p>Monitoring which is undertaken throughout projects in relation to value for money and savings will be reported to the Digital Strategy Board. Documents and report templates will be amended to include the ability to report on both performance targets and savings targets.</p> <p>The Council will review completed projects at Digital Strategy Board using a closure report template which outlines lessons learned.</p> <p>Changes to the business case were made to ensure intended savings can be accurately identified. Monitoring measures have been developed and proposed to ensure that value for money is scored and tracked.</p> <p>Updated report templates are being devised currently for implementation as part of revised processes around Digital Strategy generally.</p>
				<p><b>RAG – AMBER</b></p> <p><b>R4</b> The Council will devise and implement standardised project planning / objective documentation in addition to review and closure report documents to be used across all Digital Strategy projects. Report documents will assess budget, savings, customer satisfaction, impact and performance.</p> <p>Options are being evaluated as part of the Council's review of the Digital Strategy and it's intended Strategic Transformation work. Documents will need to be formally agreed and adopted corporately for all projects, digital and non-digital.</p>

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<p><b>Setting of Well-being Objectives</b></p> <p><b>June 2024</b></p>	<p><b>Report Link:</b>  <a href="#">Setting of well-being objectives – Flintshire County Council</a></p> <p><b>Recommendation/Proposals for improvement:</b></p> <p><b>R1</b> When it next develops its well-being objectives, the Council should ensure they are informed by the views of the diversity of its population to ensure the plan is informed by the full views of the local community.</p> <p><b>R2</b> When developing future well-being statements, the Council should set out how it proposes to ensure resources are allocated annually for the purposes of taking steps to meet its objectives to ensure these are achievable.</p> <p><b>R3</b> The Council should ensure that in future budget setting processes or when refreshing its medium-term financial plan there is clear alignment with the Council well-being objectives, and that there is clarity about how savings targets or known future financial uncertainty might affect the delivery of its well-being objectives.</p> <p><b>R4</b> To ensure that the Council can evaluate processes and identify lessons for learning, it should consider its arrangements for document retention and management covering how it gathers and stores information relating to the setting of well-being objectives and lessons learned.</p>	<p>Cabinet: O&amp;SC: G&amp;AC:</p>	<p>Sept 24 Sept 24 Sept 24</p>	<p><b>RAG – AMBER</b></p> <p><b>R1</b> A mid-plan review of the current Council Plan (2023-28) will be undertaken later in the year. As part of the mid-plan review a public consultation will be completed, to ensure the views of the diversity of Flintshire's population is considered and the plan is informed by the views of the local communities of Flintshire. In addition, the Well-being Objectives already form part of business planning for Portfolios. However, the mid-plan review will be used as an opportunity to review and strengthen this.</p> <p><b>R2</b> As part of the mid-plan review of the Council Plan (2023-28) the current well-being statement will be reviewed and if required, amended, and updated to state how it proposes to ensure resources are allocated in achieving the Well-being Objectives.</p> <p><b>R3</b> Within the mid-plan review of the Council Plan (2023-28) alignment to the medium-term financial plan will be clearly identified in the review. The Council's current Well-being Objectives will be revised and amended, where necessary, to ensure that they are reflective of current (and future) financial uncertainties. Future meetings with Corporate Finance Team will form not only part of the mid-plan review but also annual reviews of the Council Plan, to ensure any financial uncertainties are highlighted, which could affect the delivery of a Well-being Objective(s).</p> <p><b>R4</b> A lesson learnt document has been created to identify any opportunities for future learning (and improvement). In addition, a full review and mapping exercise of previous information and documentation relating to the setting of current Well-being Objectives (and priorities) has been completed as part of this audit. Improved arrangements for document retention and storage of documentation have also been undertaken.</p> <p>Flintshire County Council also meet bi-monthly with North Wales local authorities and attend all Wales network groups quarterly to discuss key topic areas and identify / share lessons learned, opportunities for improvement and best practice.</p>



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<b>Financial Sustainability Review (Local)</b>  <b>September 2024</b>	<b>Report Link:</b> <a href="https://www.audit.wales/publication/flintshire-county-council-financial-sustainability-review">https://www.audit.wales/publication/flintshire-county-council-financial-sustainability-review</a>  <b>Recommendation/Proposals for improvement:</b>  <b>R1</b> There are weaknesses in how the Council identifies savings. To change this, the Council should:  1.1 work with officers and Members to develop arrangements for identifying savings of a scale that can impact on its identified budget gap from a range of sources; and 1.2 develop and implement arrangements to identify and evaluate the impact of these savings on services and service users.	Cabinet: O&SC: G&AC:	Sept 24 October 24 Nov 24	<b>RAG – N/A</b>  Agreed. As set out in the MTFS update report the Council acknowledges that it has a serious and major budget challenge due to significantly reduced national funding and the scale of historic cost reductions already taken over the last decade.  A Transformation Programme has been developed with governance and resourcing arrangements now agreed. The programme will be prioritised and the early emphasis will be on maximising cost reduction opportunities in areas such as digital, use of assets and service.
<b>Financial Sustainability of Local Government Report (National)</b>  <b>December 2024</b>	<b>Report Link:</b> <a href="https://www.audit.wales/publication/financial-sustainability-local-government">https://www.audit.wales/publication/financial-sustainability-local-government</a>  <b>Recommendation/Proposals for improvement:</b>  <b>None Identified</b> Links made to findings from Local reports	Cabinet: O&SC: G&AC:	TBC TBC TBC	<b>RAG – N/A</b>  We are aware of the report, it will be added to the relevant Forward Work Programme and will go via the reporting/governance process in due course.
<b>Review of Planning Services</b>  <b>February 2025</b>	<b>Report Link:</b> <a href="https://www.audit.wales/sites/default/files/publications/flintshire_planning_services%20report_final.pdf">https://www.audit.wales/sites/default/files/publications/flintshire_planning_services%20report_final.pdf</a>  <b>Recommendation/Proposals for improvement:</b>  <b>Performance and Risk management</b>  <b>R1</b> We found weaknesses in the Council's performance monitoring and reporting arrangements of the Planning Service. To ensure greater transparency and accountability, the Council should:	Cabinet: O&SC: G&AC:	May 25 May 25 June 25	<b>RAG – AMBER</b>  <b>R1</b> At the time that this audit work was commissioned, the Portfolio was aware of our inability to provide a robust performance dataset for submission to the Council and Welsh Government. This was as a result of the move to our new back-office system. Welsh Government were accepting of the position that the Portfolio found itself in. Audit Wales were made aware of this situation prior to this audit taking place.  By August 2025 the system could produce a robust, accurate dataset and the 2023/24 performance data was provided to Welsh Government along with the previous years which had not been submitted.

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	<ul style="list-style-type: none"> <li>Revisit progress on caseload management system outcomes and report to Members;</li> <li>Review risk identification, monitoring and mitigation actions included in the service risk register in relation to performance reporting;</li> <li>Review service business plan to ensure actions and key performance measures are appropriate to support corporate objectives, and ensure mechanisms are in place to regularly monitor and update the plan; and</li> <li>Communicate an update on progress with the above to Cabinet and Planning Committee.</li> </ul> <p><b>Policies</b></p> <p><b>R2</b> We found there are opportunities to improve clarity of policies and procedures. The Council should:</p> <ul style="list-style-type: none"> <li>Review and update the enforcement policy to help increase efficiency and reduce volume of inappropriate referrals;</li> <li>Communicate an updated enforcement policy to staff, members and the public;</li> <li>Review and update the published Planning Code of Practice to ensure the public has consistent, accurate and up to date guidance on the Council's Planning procedures and practices.</li> </ul>			<p>Q1 and Q2 data for 2024/25 has been provided to Planning Strategy Group along with the format for the annual performance report.</p> <p>Planning Strategy Group will now continue to receive the quarterly performance data with the annual data being provided to Planning Committee, Scrutiny Committee and Cabinet.</p> <p>Following receipt and review of the complete performance dataset, its inclusion within the Service (and / or Council) risk register will be considered.</p> <p>Following receipt and review of the complete performance dataset, the Portfolio Business Plan will be reviewed to ensure that suitable measures and are incorporated.</p> <p><b>R2</b> The Planning Enforcement Policy was previously subject of a full, comprehensive review in 2019.</p> <p>The review of the Planning Enforcement Policy is already on the Planning Strategy Group Work Programme.</p> <p>A draft of a revised Enforcement Policy is in the process of being produced.</p> <p>It will be developed with Planning Strategy Group.</p> <p>It will then be shared with Cabinet and Environment and Economy Overview and Scrutiny Committee before adoption and publication.</p> <p>The Planning Code of Practice is due to be reviewed as part of the annual review of the Council's Constitution in 2025.</p>

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG (If applicable)
	<p><b>Oversight and scrutiny</b></p> <p><b>R3</b> We found opportunities to improve monitoring, oversight and escalation criteria for several committees, to ensure members of those committees are clear on their roles and responsibilities. The Council should:</p> <ul style="list-style-type: none"> <li>Review Terms of Reference for Planning Strategy Group, Planning, Environment &amp; Economy Programme Board, Planning Committee and the Environment and Economy Scrutiny and Oversight Committee; and</li> <li>Clarify responsibilities of each committee for the review of service performance to ensure effective monitoring, oversight and escalation criteria.</li> </ul>			<p><b>R3</b> The Terms of Reference of Committees, Groups and Board are regularly reviewed. They will be reviewed in 2024/25.</p> <p>Planning Strategy Group (last reviewed 15th November 2024)</p> <p>Environment and Economy Overview and Scrutiny Committee (11th June 2024)</p> <p>Planning and Environment and Economy Programme Board (14th November 2024)</p> <p>Planning Committee (overdue)</p> <p>Reviews will remind Members of their responsibilities in relation to performance monitoring and oversight.</p>
<p><b>Biodiversity and Resilience of Eco Systems Duty</b></p> <p><b>March 2025</b></p>	<p><b>Report Link:</b>  <a href="https://www.audit.wales/sites/default/files/publications/Biodiversity%20-%20English.pdf">https://www.audit.wales/sites/default/files/publications/Biodiversity%20-%20English.pdf</a></p> <p><b>Recommendation/Proposals for improvement:</b></p> <p><b>Making clear which public authorities are covered by the duty</b></p> <p><b>R1</b> The Welsh Government should publish a list of public authorities covered by the duty. It should do this before the next reporting deadline at the end of 2025. It should update the list when any new public authority covered by the duty is created (see paragraphs 1.2 to 1.5).</p> <p><b>Monitoring compliance with the duty</b></p> <p><b>R2</b> The Welsh Government should require that public authorities submit their biodiversity plans and reports to it when published or revised. It should also follow up with public authorities if they have not published these plans and reports as expected (see paragraphs 1.35 to 1.40).</p>	<p>Cabinet: O&amp;SC: G&amp;AC:</p>	<p>TBC TBC TBC</p>	<p><b>RAG – N/A</b></p> <p>We are aware of the report, our response is in preparation and will go via the reporting/governance process in due course.</p>

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG (If applicable)
	<p><b>R3</b> The Welsh Government should publish reports that provide an overall view on public authorities’ actions, progress, and compliance with the duty (see paragraphs 1.35 to 1.40). It should do so every three years in line with the reporting cycle defined by the Act.</p> <p><b>Improving planning and reporting</b></p> <p><b>R4</b> Before the next reporting deadline at the end of 2025, the Welsh Government should lead by example in publishing a high-quality biodiversity plan and report specific to its own actions (see paragraphs 1.6 to 1.8).</p> <p><b>R5</b> The Welsh Government should work with public authorities to review and revise existing guidance and supporting information around the duty (see paragraphs 1.12 to 1.21). This should include:</p> <p>a) integrating it seamlessly with material produced to support the proposed changes to environmental law;</p> <p>b) ensuring public authorities without specific biodiversity expertise can understand it;</p> <p>c) tailoring it for different sectors and types of public authority;</p> <p>d) ensuring it is all easily accessible in, or through, one place;</p> <p>e) clarifying whether guidance has statutory force; and</p> <p>f) adapting and sharing its own biodiversity toolkit and impact assessment guidance as resources for other public authorities.</p> <p><b>R6</b> The Welsh Government should provide public authorities with a planning template. It should ensure this is adaptable to those with stand-alone plans and those that have integrated biodiversity planning into wider plans (see paragraphs 2.6 to 2.8)</p>			

We are currently awaiting the final Reports and recommendations for the following Audit Wales reviews therefore, a response will go via the governance process in due course:

- Arrangements for Commissioning Services (Draft Report Received for Comment)
- Temporary Accommodation (Final Report due June 2025)

Audit Wales were due to undertake the following reviews in late 2024/25 however, these have not yet commenced and therefore, will be included in the Annual Assurance Report for 2025/26:

- Oversight of Partnerships
- Transformation

## Care Inspectorate Wales (CIW)

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG
Croes Atti October 2024	<p>Report Link: <a href="https://digital.careinspectorate.wales/directory/service/SIN-00009530-FVXD">https://digital.careinspectorate.wales/directory/service/SIN-00009530-FVXD</a></p> <p>Recommendation/Proposals for Improvement:</p> <p>None.</p>	Cabinet: O&SC: G&AC:	Jan 25 Jan 25 TBC	<p><b>RAG – N/A</b></p> <p>A really good report with no recommendations or improvement notices.</p>

A further two In-house inspections (detailed below) have taken place during 2024/25 however, we are yet to receive the final report for comment for these inspections:

- **Marleyfield House (February 2025)**  
We are currently awaiting the draft report for comment however, Informal feedback was excellent with no recommendations or improvement notices received.
- **Hafod (March 2025)**  
No feedback as yet

# Estyn

There was no inspection reports published from Estyn regarding Flintshire as an authority in 2024/25 therefore, there are no progress updates to provide.

## HM Inspectorate of Probation

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG
<b>HM Inspectorate of Probation: Flintshire Youth Justice Service; Inspection of Youth Justice Services</b>  <b>July 2024</b>	<b>Report Link:</b> <a href="https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2024/07/ENG-Flintshire-YJS-Inspection-Report.pdf">https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2024/07/ENG-Flintshire-YJS-Inspection-Report.pdf</a>	Cabinet: O&SC: G&AC:	N/A Sept 24 Jan 25	<b>RAG – AMBER</b>  <b>R1</b> The Youth Justice Service Management Board are currently reviewing health provision with CAMHS and School Nursing Service. Funding has been identified to improve general well-being provision.
	<b>Recommendation/Proposals for Improvement:</b>  <b>Flintshire healthcare partners should:</b>  <b>R1</b> Make sure that healthcare provision for YJS children meets their emotional health and well-being needs.  <b>R2</b> Ensure that children supervised by the YJS are assessed for and have specific access to services that meet their speech, language and communication needs.			<b>RAG – AMBER</b>  <b>R2</b> The Youth Justice Service Chair of Management Board (Flintshire County Council Chief Executive) has attempted to engage with the CEO of Betsi Health Board. Awaiting formal action plan from the Health Board.
	<b>The executive management board should:</b>  <b>R3</b> Continue to challenge the Probation Service to ensure that it meets its statutory duties and provides the appropriate secondment provision to the YJS.			<b>RAG – AMBER</b>  <b>R3</b> Continued engagement by the Management Board with LDU Head of Probation, however, Probation are unable to fill the secondment post until July 2025, at the earliest.
	<b>R4</b> Review the format and purpose of the Bureau and ensure that it has the relevant input from staff who have met the child and the necessary agencies a in attendance, so that out-of-court disposals meet children's needs.			<b>RAG – GREEN</b>  <b>R4</b> The Youth Justice Service has engaged with North Wales Police and other regional North Wales Youth Justice Services to review the current Out of Court Disposal process and policy with the support of the Centre for Justice and Innovation. Awaiting final sign off and approval of amended policy from the North Wales Criminal Justice Board. On track for completion.

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG
	<p>The YJS senior manager should:</p> <p><b>R5</b> Improve the quality of planning in both post-court casework and out-of-court disposals to ensure consistently high-quality planning activity, tailored to each child.</p> <p><b>R6</b> Strengthen the quality and consistency of management oversight to ensure it drives improvements in the quality of practice.</p>			<p><b>RAG – GREEN</b></p> <p><b>R5</b> Review and training undertaken with Youth Justice practitioners and managers and additional planning tools made available – Action complete.</p>
				<p><b>RAG – GREEN</b></p> <p><b>R6</b> Review undertaken with the Youth Justice Service Management Team and revised systems in place to monitor – Action complete.</p>

## Information Commissioner's Office (ICO)

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG
<p>Information Commissioner's Annual Report 2023/24</p> <p>July 2024</p>	<p>Report Link: <a href="#">Annual Report 2024</a></p> <p>Recommendation/Proposals for Improvement:</p> <p>None</p>	<p>Cabinet:</p> <p>O&amp;SC:</p> <p>G&amp;AC:</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>N/A</p>

# Investigatory Powers Commissioners Office (IPCO)

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG
<b>Investigatory Powers Commissioners Office – Oversight of Local Authorities Flintshire County Council - Three Yearly Inspection</b>  <b>June 2024</b>	<p><b>Areas for Review:</b></p> <p>The Commissioner expects you to have paid ongoing, due regard to the requirements of the legislation and associated Codes of Practice and seeks your written confirmation of the following:</p> <ol style="list-style-type: none"> <li>Any Areas of Non-Compliance identified at your last inspection have been remedied</li> <li>Your RIPA Policy is subject to annual review and submitted to your Elected Members for approval (please advise when this was most recently revised and shared with Members)</li> <li>Training, both initial and ongoing for key officers, plus awareness training for all staff, is provided (please provide dates since the last inspection)</li> <li>A Central Record that meets the requirements of the relevant Codes of Practice is in place</li> <li>You have a named SRO in place, as well as designated Authorising Officers</li> <li>You have policies and training that appropriately cover the potential or actual use of social media as part of investigations/enforcement activities</li> <li>The potential (for inadvertent, unauthorised) use of such media is actively monitored by managers</li> <li>If you own/manage a town centre CCTV system, that this is operated and appropriately managed in line with RIPA considerations, including when used by third parties such as the local police</li> <li>You are aware of NAFN and how access to communications data is managed through IPCO</li> </ol>	Cabinet: O&SC: G&AC:	N/A N/A N/A	<p><b>Response from the Investigatory Powers Commission following his review:</b></p> <p>Thank you for the detailed and helpful response to the matters identified at points 1 to 10.</p> <p>It is pleasing to note, in line with paragraph 4.47 of the Covert Surveillance and Property Interference Code of Practice, that arrangements are being made to ensure your RIPA policy will be subject to annual review. In line with this paragraph, Elected Members should also review the authority's use of RIPA powers and set the policy at least once a year, ensuring this remains fit for purpose. With this in mind, please do make the necessary arrangements to ensure this is adopted within the Governance and Audit Committee's plan of work for the coming year.</p> <p>In relation to raising awareness, I support plans to publish a workforce news item regarding RIPA and to develop wider awareness training. The importance of effective training and awareness raising in helping to ensure compliance and safeguard against unauthorised RIPA activity cannot be underestimated.</p> <p>Your Regulation of Investigatory Powers Act 2000 Procedural Guide in the main provides good, detailed guidance and sets out a robust approach to the management and oversight of any RIPA activity. However, this could helpfully be updated in some areas. In relation to Authorising Officers' assessment of proportionality, please consider reviewing the section on page 14 with reference to the four elements of proportionality outlined in paragraph 4.7 of the Code of Practice relating to Covert Surveillance and Property Interference, and the five elements of proportionality in paragraph 3.6 of the Code of Practice relating to Covert Human Intelligence Sources.</p> <p>Regarding the use of your council's CCTV cameras by external agencies e.g. the police; it may be helpful to include details within your procedural guide about any processes in place to ensure access for covert purposes is managed in a compliant manner. For example, the requirement for the Police to follow their own RIPA procedures and provide a copy (redacted if necessary) of any relevant RIPA authorisation.</p>



# Investigatory Powers Commissioners Office (IPCO)

Report Title / Date	Recommendations / Observations	Reporting Information		Response and RAG
	<p>10. Your local authority has recognised and adheres to the Safeguards outlined in the relevant Codes of Practice in relation to the retention, review and destruction of material obtained through the use of covert powers.</p> <p>Finally, in relation to the use of the covert powers available to you, can you please confirm whether you have:</p> <ul style="list-style-type: none"> <li>• Used the powers since the last inspection, or plan to use them imminently (or can envisage doing so following the formation of a new investigative/enforcement team or strategy)</li> <li>• If you have used the powers, please provide an electronic copy of the relevant applications and authorisations for my review when you reply to this letter.</li> </ul>			<p>These points aside, I am satisfied your council's reply provides assurance that ongoing compliance with the Regulation of Investigatory Powers Act 2000 and the Investigatory Powers Act 2016 will be maintained. As such, your Council will not require further inspection this year.</p> <p>I would ask that you ensure that the key compliance issues continue to receive the necessary internal governance and oversight through yourself and your Senior Responsible Officer: policy refreshes; annual updates to your Elected Members; ongoing training and awareness raising; internal compliance monitoring by lead managers within their business areas; and the retention, review and destruction (RRD) of any product obtained through the use of covert powers (in accordance with the Safeguards Chapters of the relevant Codes of Practice).</p> <p>Your Council will be due its next inspection in 2027.</p> <p><b>Update:</b></p> <p>The Council's RIPA Policy has been updated inline with the ICPO's response and the following actions were agreed:</p> <ul style="list-style-type: none"> <li>• Undertake a full review of the RIPA Policy (a full review will then be undertaken on an annual basis)</li> <li>• Prepare a committee report to go before the Governance and Audit Committee on 2 April 2025</li> <li>• Elected Members to review and approve the policy at the Governance and Audit Committee</li> <li>• Update RIPA Infonet Page to provide link to relevant external resources (IPCO Website etc.)</li> <li>• Publish a Workforce News item reminding staff of key principles of RIPA etc.</li> <li>• Develop high level awareness training open to all officers in the Council involved in criminal investigations.</li> </ul>

## Section 2 Summary of External Regulations and Inspections 2023/24 – PROGRESS UPDATES

### Audit Wales

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
Springing Forward April 2023	<p><b>Report Link:</b>  <a href="http://www.audit.wales/sites/default/files/publications/flintshire_council_springing_forward_english.pdf">www.audit.wales/sites/default/files/publications/flintshire_council_springing_forward_english.pdf</a></p> <p><b>Recommendation / Proposals for Improvement:</b></p> <p><b>Vision, strategies, delivery plans and the sustainable development principle</b></p> <p><b>R1</b> The Council needs to put the sustainable development principle at the heart of its future considerations, building on the experience of the pandemic, to develop a new long-term approach to its assets and workforce, which is integrated with other key plans and supported by costed delivery plans.</p> <p><b>Data and benchmarking</b></p> <p><b>R2</b> The Council needs to further develop the use of data and benchmarking to inform planning, budget setting and measure the longer-term success of its asset and workforce initiatives.</p>	Cabinet: O&SC: G&AC:	June 24 June 24 June 24	<p><b>RAG: AMBER</b></p> <p><b>In terms of Assets, the Council will:</b></p> <p>Work with the Ystadau Cymru's North Wales regional Asset Management group (of which we have a Council representative) to establish whether regional Asset benchmarks can be agreed and adopted.</p> <p>Assist in the progression of the Office Accommodation Strategy.</p> <p>Provide an Annual Asset Management Monitoring Report.</p>	<p><b>RAG: GREEN</b></p> <p><b>In terms of Assets:</b></p> <p>The Council has modernised its previous Asset Management Plan and has adopted a new Corporate Asset Management Plan 2022-2027, the modernised Plan links to the Council's Investment Strategy and the Medium-term Financial Strategy and the Carbon Reduction Strategy.</p> <p>The Council as it has been noted in the report, continues to build on its collaborative approach and works (and will continue to work) with partners on joint-property related initiatives where applicable and practicable to do so.</p> <p>From an asset perspective, historically there has been a very inconsistent national database of Performance Indicators (PI's) from a real estate management perspective. Those PIs which were benchmarked historically e.g., those collated by Consortium of Local Authorities in Wales (CLAW) tended to be very disparate in value, because of differing calculation methodologies for each Authority, consequently of limited benefit as a benchmarking tool.</p>

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
					<p>However, the Council compiles internal performance indicators relating to its non-operational portfolio. These are reviewed annually and monitored via trend analysis</p> <p>We have committed to produce annual reports on progress of the AMP through the democratic process</p>
				<p><b>RAG: AMBER</b></p> <p><b>In terms of Workforce:</b></p> <p>The Council's People Strategy has been refreshed and once approved by cabinet will be published.</p> <p>The refreshed people strategy has a number of performance measures, including but not limited to time to hire (working days from conditional offer to cleared to start) excluding 3rd party activity (DBS, reference checks), percentage of permanent employees who have left within the first year of employment, turnover % (excluding redundancy).</p> <p>The Council reports on two Public Accountability Measures (PAMs) (Absence and Apprenticeships) which enables it to compare its performance with the other 21 Welsh Local Authorities.</p>	<p><b>RAG: GREEN</b></p> <p><b>In terms of Workforce:</b></p> <p>The Council's People Strategy has been refreshed and once approved by cabinet will be published.</p> <p>The refreshed people strategy has a number of performance measures, including but not limited to time to hire (working days from conditional offer to cleared to start) excluding 3rd party activity (DBS, reference checks), percentage of permanent employees who have left within the first year of employment, turnover % (excluding redundancy).</p> <p>The Council reports on two Public Accountability Measures (PAMs) (Absence and Apprenticeships) which enables it to compare its performance with the other 21 Welsh Local Authorities.</p> <p>As part of the Council's commitment to employee engagement, a survey of the workforce has been undertaken annually since 2020.</p>

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
					<p>The 2020 survey sought to understand views and experiences of working for the Council. Despite the challenges of working through the pandemic, overall the results of the survey were very positive and demonstrated that the Council benefited from a dedicated and committed workforce who understood how their work contributes to the delivery of the organisations priorities.</p> <p>The last survey was conducted in October 2023. Split into six sections, employee feedback was invited on the following areas:</p> <ul style="list-style-type: none"> <li>• Engagement</li> <li>• Priorities</li> <li>• Mental Health and well-being</li> <li>• Communication</li> <li>• Hybrid working</li> <li>• Vision and Values</li> </ul> <p>The full findings were presented to Cabinet in September 2024 who gave their support to the adoption of a new set of proposed organisational values. Having a clear set of organisational values will make it easier for us to work together by forming a culture and a vision that we can all share, enabling us to become the organisation we need to be. Once adopted, the values will be incorporated into everything we do, starting with recruitment, performance management and employment policies.</p>

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
<b>Cracks in the Foundations - Building Safety in Wales</b>  <b>August 2023</b>	<b>Report Link:</b> <a href="https://www.audit.wales/sites/default/files/publications/Cracks_in_the_Foundations_Building_Safety_in_Wales_English.pdf">https://www.audit.wales/sites/default/files/publications/Cracks_in_the_Foundations_Building_Safety_in_Wales_English.pdf</a>	COT Cabinet: O&SC: G&AC:	May 24 June 24 June 24 April 25*  <small>*Report was not added to FWP for June 24 as originally planned</small>	<b>RAG: RED</b>  <b>R5</b> We don't currently have a Local Action Plan that articulates a clear vision for how BC plan to effectively implement the requirements of the Act. This needs to be developed and put in place. This would include amongst other things the 4 bulleted points in R5.	<b>RAG: RED</b>  <b>R5</b> No further progress has been made. These are still being discussed at LABC-Cymru (all Welsh Authorities) in terms of approach and style.
	<b>Recommendation / Proposals for Improvement:</b>  <b>R1 / R2 / R3 and R4 are targeted to Welsh Government</b>  <b>R5</b> Local authorities should develop local action plans that articulate a clear vision for building control to be able to plan effectively to implement the requirements of the Act. The Plans should: <ul style="list-style-type: none"> <li>• be based on an assessment of local risks and include mitigation actions;</li> <li>• set out how building control services will be resourced to deliver all their statutory responsibilities;</li> <li>• illustrate the key role of building control in ensuring safe buildings and be linked to well-being objectives and other corporate objectives; and</li> <li>• include outcome measures that are focused on all building control services, not just dangerous structures.</li> </ul> <b>R6</b> Local authorities should urgently review their financial management of building control and ensure they are fully complying with Regulations. This should include:			<b>RAG: AMBER</b>  <b>R6</b> Fees for Building Regulations are set locally by Flintshire County Council. Fees were last comprehensively reviewed in 2018. A review of Fees will take place in 2024 and will include a comparison with other local Councils, particularly neighbouring Councils in North Wales.  Building Control is a competitive service. Customers can use other means to secure their Building Regulations outside of the Council (e.g., use independent Approved Inspectors) so a review and any subsequent review of Fees will need to ensure we remain competitive and do not out price the Council's services out of the market.	<b>RAG: AMBER</b>  <b>R6</b> Some initial review of Building Control Fees has been undertaken together with benchmarking with other LABC Teams across Wales. This area has been identified for Internal Audit's Strategic Plan and the Audit Scope for this work is in its final stages for agreement.

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
	<ul style="list-style-type: none"> <li>establishing a timetable of regular fee reviews to ensure charges reflect the cost of services and comply with the Regulations;</li> <li>annually reporting and publishing financial performance in line with the Regulations;</li> <li>ensuring relevant staff are provided with training to ensure they apply the Regulations and interpret financial reporting correctly; and,</li> <li>revise fees to ensure services are charged for in accordance with the Regulations.</li> </ul> <p><b>R7</b> Local authorities should work with partners to make better use of limited resources by exploring the potential for collaboration and regionalisation to strengthen resilience through a cost benefit analysis of partnering with neighbouring authorities, establishing joint ventures and/or adopting a regional model where beneficial.</p> <p><b>R8</b> Local authorities should review risk management processes to ensure that risks are systematically identified, recorded, assessed, mitigated and subject to regular evaluation and scrutiny.</p>			<p><b>RAG: AMBER</b></p> <p><b>R7</b> This will require discussion at regional level to explore the potential for collaboration and establishing a regional model.</p> <p>Local Authority Building Control (LABC) Partnership Authority Scheme is already in place which is shared by all LA building control teams in England and Wales and this allows customers to work with any LA building control team to undertake all pre-app and design vetting work, regardless of the project's geographical location. We already provide this service for Iceland Foods. We vet their plans for new stores and re-fits regardless of where they are located geographically.</p>	<p><b>RAG: AMBER</b></p> <p><b>R7</b> No progress has been made to explore formal collaboration at a regional level to date. There is little appetite presently through LABC Cymru meetings. However, Flintshire County Council Building Control continue to work pro-actively with other Authorities both nationally and across North Wales under the LABC Partner Authority Scheme in connection with applications and Full Plans submissions. The Council also offer opportunities to neighboring Building Control Teams for the purposes of higher-class registration under the Building Safety Regulator.</p>
				<p><b>RAG: RED</b></p> <p><b>R8</b> A review of risk management processes needs to be undertaken. There are a number of risks already identified including the functionality of the back-office system and a lack of agile working functions (for surveyors on site) &amp; the new requirements for registering as Registered Building Inspectors from 6 April 2024. The Building Control Team/function could be an area supported by an internal Audit Review.</p>	<p><b>RAG: RED</b></p> <p><b>R8</b> Not progressed but this falls within the scope of the Internal Audit work as outlined at R6 above.</p>

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
<b>Assurance and Risk Assessment Review</b>  <b>October 2023</b>	<b>Recommendation / Proposals for Improvement:</b>  <b>R1</b> In order to meet its net zero ambition, the Council needs to fully cost its action plan and ensure that it is aligned with its Medium-Term Financial Strategy. If the Council does not develop more detailed business plans which will estimate the investment required, it is unlikely to be able to achieve its goal of becoming net zero carbon by 2030.	Cabinet:	March 24	<b>RAG: AMBER</b>  <b>R1</b> Every public sector body is experiencing the same difficulty with costing climate actions. This is due to a number of factors: the volatile financial climate, the changing energy prices, lack of ability or understanding to apply financials to non-quantitative factors (such as behaviour change), and an ever evolving and developing industry where we do not currently have all of the answers to mitigate our climate impacts.	<b>RAG: GREEN</b>  <b>R1</b> There continues to be difficulty with costing climate actions due to the volatile financial climate, the changing energy prices, lack of ability or understanding to apply financials to non-quantitative factors (such as behaviour change), and an ever evolving and developing industry where we do not currently have all of the answers to mitigate our climate impacts. However, within the reviewed Climate Change Strategy high level costings within Buildings and Mobility and Transport have been included. Each of these costed carbon reduction activities have feasibility studies, and business cases are developed to secure internal or external investment.
<b>Use of Performance Information: Service User Perspective and Outcomes</b>  <b>December 2023</b>	<b>Report Link:</b> <a href="https://www.audit.wales/sites/default/files/publications/flintshire_council_service_user_perspective_outcomes_english.pdf">https://www.audit.wales/sites/default/files/publications/flintshire_council_service_user_perspective_outcomes_english.pdf</a>  <b>Recommendation / Proposals for Improvement:</b>  <b>R1 Information on the perspective of the service user</b> The Council should strengthen the information it provides to its senior leaders to enable them to understand how well services and policies are meeting the needs of service users.	Cabinet:	June 24	<b>RAG: AMBER</b>  <b>R1</b> Service level user information is reported at the discretion of services to relevant influencing managers or portfolio leaders as appropriate. However, as part of the Council's Corporate Self-assessment 2022/23, the Council identified consultation and engagement as an opportunity for improvement and an action plan was devised to address and improve consultation and engagement across the Council. This includes developing a Consultation and Engagement Strategy, and as part of the	<b>RAG: AMBER</b>  <b>R1</b> Service level user information is reported at the discretion of services to relevant influencing managers or portfolio leaders as appropriate. However, as part of the Council's Corporate Self-assessment 2022/23, the Council identified consultation and engagement as an opportunity for improvement and an action plan was devised to address and improve consultation and engagement across the Council. This includes developing a Consultation and Engagement Strategy, and as part of the development of this strategy a key

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
	<p><b>R2 Outcomes information</b> The Council should strengthen the information provided to senior leaders to help them evaluate whether the Council is delivering its objectives and the intended outcomes.</p> <p><b>R3 Arrangements to check the quality and accuracy of data</b> The Council needs to assure itself that it has robust arrangements to check the quality and accuracy of the data it provides to senior leaders relating to service user perspective and outcomes.</p>			development of this strategy a key focus will be to consider the needs of the service users and how we gather and use this information to shape services, develop policies and/ or taking action.	<p>focus will be to consider the needs of the service users and how we gather and use this information to shape services, develop policies and / or taking action.</p> <p>The development of the Consultation and Engagement Strategy has been delayed due to conflicting priorities but will be developed and completed as we move into 2025/26.</p>
				<p><b>RAG: AMBER</b></p> <p><b>R2</b> To strengthen how the Council is delivering its outcomes and intended outcomes of service user perspectives, the annual review of the actions and measures detailed with the Council Plan 2023-28 will ensure, where applicable, information is captured and recorded on this specific subject matter, with outcomes that seek to deliver, short, medium and long-term benefit to our citizens and communities. This will be achieved by engaging with Portfolios directly to finalise the content review for 2024-25 of the Council Plan 2023-28.</p> <p>Additionally quarterly Council Plan 2023-28 performance reports are presented to senior leaders which would include this information.</p>	<p><b>RAG: AMBER</b></p> <p><b>R2</b> To strengthen how the Council is delivering its outcomes and intended outcomes of service user perspectives, a mid-plan review of the Council Plan is underway. This has included a 12-week public consultation, thematic workshops and engagement with Young Flintshire and Members.</p> <p>Council Plan performance reports are being revised as part of the mid-plan review to ensure information being provided to senior leaders is helping them to evaluate if the Council is achieving its objectives and intended outcomes. If objectives aren't being achieved, then information will be provided as to why and actions that will be taken.</p>



Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
				<p><b>RAG: GREEN</b></p> <p><b>R3</b> It is the responsibility of service area to review the accuracy of their data and the information it provides to senior leaders. Arrangements to check the quality and accuracy of data beyond existing arrangements would require additional capacity that the present financial environment would not allow.</p> <p>However, as an additional step, Performance Leads will be asked to confirm the monitoring arrangements they have in place to ensure data accuracy and that they arrangements are operating effectively. This would cover both data relating to service user perspectives and performance management outcomes for the Council Plan.</p>	<p><b>RAG: GREEN</b></p> <p><b>R3</b> It remains the responsibility of service areas to review the accuracy of their data and information it provides to senior leaders due to limited additional capacity.</p> <p>However, as part of the Council's ongoing commitment to sector-led improvement, the Council have become part of the WLGA and Data Cymru new Community of Practice (CoP), which is aimed at enhancing the quality of performance information. The Welsh Council's Performance Information (WCPI) CoP provides opportunities to review performance management arrangements, share best practices, and collaborate on data development.</p> <p>Recommendation 3 also links closely to Recommendation 2.</p>
<p><b>Sustainable development? – making best use of brownfield land and empty buildings.</b></p> <p><b>January 2024</b></p>	<p><b>Report Link:</b>  <a href="https://audit.wales/sites/default/files/publications/Sustainable_development_making_best_use_of_brownfield_land_and_empty_buildings_english.p">https://audit.wales/sites/default/files/publications/Sustainable_development_making_best_use_of_brownfield_land_and_empty_buildings_english.p</a></p> <p><b>Recommendation / Proposals for Improvement:</b></p> <p><b>R1</b> To enable stakeholders to assess potential sites councils should create a systematic process to find and publicise suitable sites for regeneration:</p>	<p>Cabinet: O&amp;SC: G&amp;AC:</p>	<p>May 25 May 25 June 25</p>	<p><b>RAG: N/A</b></p> <p>We are aware of the report, our response is in preparation and will go via the governance process in due course.</p>	<p><b>RAG: N/A</b></p> <p>The report has been issued to the officers of the relevant teams of the Council for consideration with a deadline of 4 April 2025. The service responses to the Audit Wales report will be compiled into a draft formal response and will be presented as follows:</p> <ul style="list-style-type: none"> <li>• Chief Officer Team for review – 8th April 2025</li> <li>• Informal Cabinet – 29th April 2025</li> </ul>

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
	<ul style="list-style-type: none"> <li>this should draw on data already held by councils, as well as external data sources to develop a composite and more complete picture of sites; and</li> <li>where known, key barriers should be named to help efforts to overcome them.</li> </ul> <p><b>R2</b> To help ensure that regeneration activity and the shaping of the environment is informed by the needs of communities Councils should increase opportunities for communitybased involvement in regeneration, both in plan-making and actual development.</p> <p><b>R3</b> To provide focus and impetus to developing brownfield sites Councils should review their current regeneration approaches and where appropriate set clearer, more ambitious regeneration policies and targets. Together these should:</p> <ul style="list-style-type: none"> <li>set out the approach and expectations of the council;</li> <li>set out how their approach will be resourced; and</li> <li>set out how the approach aligns with national policy goals and regional planning priorities</li> </ul>				<ul style="list-style-type: none"> <li>Environment and Economy OSC – 6th May 2025</li> <li>Cabinet for approval – 13th May 2025</li> <li>Governance and Audit Committee for final confirmation – 4th June 2025</li> </ul>
<b>Homeless Services</b>  <b>January 2024</b>	<p><b>Report Link:</b> Not yet available via Audit Wales's Website</p> <p><b>Recommendation / Proposals for Improvement:</b></p> <p><b>R1</b> To ensure the service is sustainable operationally and strategically, the Council ensures that funding is available to maintain its levels of service or make decisions on service delivery based on funds available.</p>	COT: Cabinet: O&SC: G&AC:	Feb 24 March 24 March 24 April 24	<p><b>RAG: AMBER</b></p> <p><b>R1</b> Monitoring of revenue budget position against MTFS position and modelling to be undertaken by end of March 2025</p> <p>Implementation of agreed mitigation measures by end of March 2025</p>	<p><b>RAG: GREEN</b></p> <p><b>R1</b> Ongoing Monthly Monitoring Meetings with finance to review demand data to manage in year position and to inform medium term budget pressures and financial modelling.</p>

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	<p><b>R2</b> The Council ensures arrangements for evaluating its homelessness activities are applied to all activities so it can provide assurance of its impact on service users and efficiencies.</p> <p><b>R3</b> To better understand the needs of residents, the Council should widen its engagement activity with residents to cover the development and evaluation of all services.</p>			<p>Implementation of service restructure to maximise resources for service delivery by end of June 2024.</p>	<p>Independent Review of Homelessness Services completed by Neil Morland &amp; Co Consultants and Service Restructure and ambition of staffing capacity revisited based on Review Recommendations (<a href="#">October 2024 Housing Scrutiny Committee and Cabinet</a>).</p> <p>Modelling of Homeless Accommodation Portfolio diversification completed and cost avoidance approach supported by Members to enable further investment in the Service Restructure and support for alternative models of homeless accommodation (<a href="#">October 2024 Housing Scrutiny Committee and Cabinet</a>).</p> <p>All posts within Service Restructure have now been through Job Evaluation and fully costed. Largescale recruitment with 30 additional posts commenced in December 2024 and will be ongoing throughout the first half of 2025.</p>
				<p><b>RAG: AMBER</b></p> <p><b>R2</b> Identify and document all homelessness activities - not limited to Housing Support Grant Commissioned Services by end of March 2024.</p> <p>Review the evaluation processes that are currently in place for Housing Support Grant services and develop this further to enhance impact assessments and cost benefit analysis and apply</p>	<p><b>RAG: GREEN</b></p> <p><b>R2</b> Homeless Interventions such as target hardening, Rent In Advance, Arrears Rescue etc all identified and value for money judgement principles documented. Each case will be different, but general principle of value for money established based on risk and cost of picking up homeless accommodation duties. Financial Year End value for money report to be completed in May 2025 for 2024/2025 period.</p>

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			<p>to all the above identified homelessness activities by end of June 2024.</p> <p>Develop a rolling programme and local processes for the evaluation for all identified homelessness activities by June 2024.</p>	<p>Comprehensive Value For Money judgements for diversification of homeless accommodation through introduction of a range of alternative forms of homeless accommodation have been modelled and presented to <a href="#">October 2024 Housing Scrutiny Committee and Cabinet</a>. Efficiencies identified (projected at approx. £2million) enabled investment in additional staff on cost avoidance principle to support Service Restructure.</p> <p>Value for Money is key to the Housing Support Grant tendering process along with quality of bids. A number of services have been retendered during the financial year 2024/2025. Key driver for value for money and cost benefit at present is service sustainability and real living wage investment for staff retention. This is a directive from Welsh Government and is fully supported in Flintshire and all services are compliant with Welsh Governments expectations and Services are reviewed accordingly twice a year.</p>
			<p><b>RAG: AMBER</b></p> <p><b>R3</b> Build on existing resident engagement activities and develop a resident engagement framework for homelessness services that includes development and evaluation of services by end of September 2024.</p>	<p><b>RAG: AMBER</b></p> <p><b>R3</b> Service User involvement activities inform tendering processes for new services commissioned through Housing Support Grant but needs further development.</p> <p>As part of the Service Restructure the role of Gateway and Service Support Co-ordinator has</p>

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					<p>been developed. This role will support each Team Manager with developing a suit of surveys for issuing to residents at key points within the customer journey to inform service delivery.</p> <p>Discussions have taken place with the Shelter Cymru Take Notice Project Officer to develop a bank of volunteers to support service user engagement. This group of residents once established will be a Flintshire Focus Group for consultation and co-design opportunities.</p> <p>It is intended to capture all approaches to Resident Engagement within an Engagement Strategy for Housing Support and Homelessness Service. It is hoped this will be complete by September 2025. This has been pushed back due to delays in Service Restructure and limited staff and management capacity.</p>

# Care Inspectorate Wales (CIW)

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<b>Performance Evaluation Report</b> <b>Flintshire County Council</b>  <b>November 2023</b>	<b>Report Link:</b> <a href="https://www.careinspectorate.wales/sites/default/files/2024-02/240221-flintshire-PEI-en.pdf">https://www.careinspectorate.wales/sites/default/files/2024-02/240221-flintshire-PEI-en.pdf</a>	Cabinet:	June 24	<b>RAG: N/A</b>  Overall, we consider the report to be a positive reflection of the ongoing work within our services and with our partners. The Inspectors have identified good work and practice across all services. There are a few improvement areas, and we are developing an action plan to address these. The draft action plan will be finalised by the end of March 2024  The draft action plan has been to Chief Officer Team and the final report will go to Social and Health Care Scrutiny in June 2024	<b>RAG: GREEN</b>  <b>R2.7</b> A Practice Directive has been created and published to support practitioners with the creation of outcomes utilising SMART objectives with a strengths-based approach and show some good practice examples.
	<b>Recommendation/Proposals for Improvement:</b>  <b>ADULT'S SERVICES</b> <b>People - Voice and Control - Areas for improvement</b> <b>2.7</b> Care and support plans could be further developed by setting clearer SMART outcomes and consistently taking a proactive strengths-based approach. Also, whilst people's voices are clear in some assessments, this approach should be further developed in care and support plans. <i>Reference should be made to what matters to the individual and personal outcomes should be recorded more consistently in the first person.</i>				<b>RAG: GREEN</b>  <b>R2.8</b> Resilience Project now complete which looked at recruitment, retention, and resilience in the workforce.  As a result of the Resilience Project workstream, the South team trialled introducing a consistent duty social worker role to the team. This was successful, with good feedback received from the team. The trial was expanded to be adopted by both Localities and OT as the teams were restructured in September 2024.
	<b>2.8</b> People are sometimes supported through a duty system whilst on a waiting list for allocation to a specific worker. This can be challenging for people as there is insufficient oversight of their circumstances, lack of continuity of support, and people have to re-tell their story. <i>The local authority should continue with its current efforts to ensure a consistent sufficient, qualified, and competent workforce to lessen the need for people to be supported by different practitioners who are unknown to them.</i>				<b>RAG: GREEN</b>  <b>R2.9</b> Moved to proportionate monitoring using new risk assessment matrix.  Reduced surplus funds allowance from 8 to 6 weeks.  Moved all Direct Payments to more effective management solutions i.e., remove all PADP and paper monitoring.  Improved completion of correct service information data.

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	<p><b>2.9</b> There are examples of direct payment reviews being held. However, there was one example which had not received a review. <i>The local authority must review the arrangements for the making of direct payments and how they are being used in line with Code of Practice 4 (Meeting Needs) to assess whether personal outcomes continue to be met.</i></p> <p><b>2.10</b> When practitioners attempt communication with individuals, the local authority should ensure a more consistent evidence base that reflects the communication methods that have been considered and attempted.</p> <p><b>2.11</b> There is insufficient evidence to demonstrate that advocacy is consistently considered and offered when it would have been appropriate. <i>This is an area that must be strengthened to demonstrate routine consideration of advocacy particularly in adult safeguarding.</i></p> <p><b>Well-being - Areas for Improvement</b></p> <p><b>4.6</b> In relation to adult safeguarding, we saw variation in social care records. Greater clarity is required in relation to the views of the adult at risk, decision making, determinations, and whether subsequent actions have addressed the original concern. The outcomes of the enquiries must be shared with the reporter. <i>The local authority must ensure that adult safeguarding practice consistently meets with the requirements of the WSP.</i></p>				<p><b>RAG: GREEN</b></p> <p><b>R2.10</b> A Practice Directive has been created and published to support practitioners with recording communication with individuals and show some good practice examples.</p> <p><b>RAG: GREEN</b></p> <p><b>R2.11</b> A Practice Directive has been created and published to support practitioners with recording the advocacy offer and the considerations undertaken and show some good practice examples.</p> <p>Audit checklist has been amended and expanded to ask if advocacy was used and if not, why not.</p> <p>Advocacy providers have been invited to deliver regular information sessions for teams, giving information about the advocacy offer and answer questions.</p> <p>A report has been created in Paris to investigate how many are completing advocacy information to monitor the progress with commentary.</p> <p><b>RAG: GREEN</b></p> <p><b>R4.6</b> Complete a review of closure forms to ensure that subsequent actions have met the original concerns. All closure forms are authorised by a manager before closing to ensure that actions have met the original</p>

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	<p><b>4.7</b> There are examples of people's social care assessments and safeguarding reports indicating they lack mental capacity to make decisions about their care. The quality and decision making of these records is variable. <i><b>The local authority must ensure practice consistently aligns with the requirements and principles of the Mental Capacity Act 2005 and the relevant Code of Practice.</b></i></p> <p><b>4.8</b> In common with many other local authorities across Wales, people's rights are impacted by the waiting lists for Deprivation of Liberty (DoLS) assessments. <i><b>The local authority must ensure that arrangements for the provision for DoLS assessments are fit for purpose and responsive.</b></i></p> <p><b>4.9</b> The current recording system does not support practitioners to capture people's strengths and outcomes in a meaningful way. <i><b>The local authority should take this into consideration, with the imminent procurement of an updated recording system.</b></i></p> <p><b>Prevention - Areas for Improvement</b></p> <p><b>6.7</b> Waiting lists for social care assessments and reviews are high and can impact negatively on people. Oversight of waiting lists for social care assessments is inconsistent across teams. Whilst we received verbal reassurance about oversight of waiting lists in teams, there was limited records to evidence this. <i><b>The local authority must ensure that waiting lists are appropriately and consistently monitored and key information is recorded to evidence appropriate prioritisation of cases.</b></i></p>			<p>concern. This was always the process, but it is recognised that there were some inconsistencies with recording in some cases. This has been addressed.</p> <p>Discussion held with the team to ensure compliance with reporting back to the referrer.</p> <p>When the process is completed after a strategy meeting, the Team Manager completes an audit of the case and checks that everything is there before closing. The referrer usually attends the strategy meeting if there has been one.</p> <p>A review of the Paris form was undertaken to ensure that there is a relevant space to capture this. It was found that there was no need to amend the PARIS form as the process was agreed to record on the case note rather than adding an extra box to the form.</p> <p><b>RAG: GREEN</b></p> <p><b>R4.7</b> A Practice Directive has been created and published to remind practitioners of the expectation of the quality of their recording their evidence.</p> <p>One particular case highlighted an issue. Lessons Learnt was undertaken and a review of the service has led to proposed changes to ways of working. These are being investigated further and taken through the relevant political processes for approval prior to any implementation.</p>



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	<p><b>6.8</b> Care and support plans are not always reviewed in a timely manner. <i>The local authority must keep care and support plans under review to understand whether the provision of care and support is meeting the identified needs of the individual, and to consider if their needs have changed and if a re-assessment is required.</i></p> <p><b>Partnership - Areas for Improvement</b></p> <p><b>8.5</b> Most partnerships are working well at an operational level; however, information is not always shared effectively due to different methods and systems for recording information. This means information regarding people's care and support needs is not easily available across partners, to include some practitioners employed by the local authority. <i>The local authority should consider, whilst they are procuring a new recording system, how they can further promote information sharing.</i> All relevant practitioners in different teams within FCC such as locality, substance misuse, and community mental health teams should be able to access all records of the person they support. This would support information sharing and promote a greater oversight and understanding of a person's circumstances.</p> <p><b>8.6</b> The local authority must strengthen its systems around carers assessments to ensure the rights and voice of all carers are fully promoted. Carers assessments are not adequately recorded or communicated with the local authority. We saw examples where practitioners are not aware of whether a carer's assessment had been undertaken, and if so, the outcome of the assessment. <i>The local authority</i></p>			<p><b>RAG: GREEN</b></p> <p><b>R4.8</b> A robust process is in place and is continually under review. Urgent cases are prioritised, the process is reactive. The process will remain constantly under review.</p> <p><b>RAG: GREEN</b></p> <p><b>R4.9</b> All case file audit forms are circulated to managers and service manager after the audit is completed for managers to use in team meetings and individual supervisions to continue to support compliance with the recording policy.</p> <p>Procurement for the new client information system will be approximately 3 years, this will be taken into consideration during this process.</p> <p><b>RAG: GREEN</b></p> <p><b>R6.7</b> Paris has been updated to include a new enquiry priority option and a new case note type/reason. This will ensure that action taken on Enquiries Manager before allocation can be clearly identified and evidenced.</p> <p><b>RAG: GREEN</b></p> <p><b>R6.8</b> Implemented changes to process for hospital discharges. Cases now sent directly to review meaning that they are reviewed sooner than going to locality. Further consideration of changes to processes is being undertaken within current resource restrictions. Care and support plans</p>

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	<p><i>must have greater oversight of these assessments to be confident that it fully meets its responsibilities in line with the requirements of Part 3 and Part 4 of the Code of Practice (assessing and meeting the needs of individuals).</i></p> <p><b>CHILDREN'S SERVICES</b>  <b>People - Voice and Control - Areas for Improvement</b>  <b>3.14</b> Disabled children and young people have to wait long periods of time for short overnight breaks in a residential provision. The local authority aims to provide alternate support in the meantime through direct payments for example. However, <i>the local authority must so far as is reasonably practicable, ensure it is able to provide looked after and other accommodated children with accommodation that is within the local authority's area and that meets the children's needs. This in line with Code of Practice 6 (Looked After and Accommodated Children).</i></p> <p><b>3.15</b> As a result of the fragility in the social care workforce, children and young people experience changes in social workers. Children are supported through a duty system rather than an allocated worker at times. Changes in social workers makes it challenging for children to develop trusting relationships. We heard from one young person how they are aware their social worker will soon change. Parents also have to repeat their stories and views to social workers. As a result of changes in practitioners, support can be delayed, with oversight of children and young people's situation also impacted. <i>The local authority must continue with its current efforts to ensure a consistent, sufficient, qualified,</i></p>			<p>are kept under review, using a mixture of reactive and planned reviews in people's homes and in care settings.</p> <p><b>RAG: AMBER</b></p> <p><b>R8.5</b> Consideration was given to potential for access to Paris for FCC MH Social Workers however, it would have significant resource implications.</p> <p>All service users added to system is one off and significant but achievable. Ongoing management of this would result in significant duplication for practitioners having to record information on 2 systems, this is not practical.</p> <p>Procurement of new system to replace Paris will include functionality to link with other systems.</p> <p><b>RAG: GREEN</b></p> <p><b>R8.6</b> Options have been explored for specific Social Services individuals to have access to the NEWCIS Charity Log system to be able to access Carers Needs Assessments as and when required. individuals have been identified and access has been granted.</p> <p><b>RAG: AMBER</b></p> <p><b>R3.14</b> Update and issue a revised Commissioning Placement Strategy that identifies placement needs, and local authority placement/ commissioning intentions within</p>

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	<p><i>and competent workforce to meet its statutory duties, and should consider an exit strategy for ending the reliance on the commissioned managed agency team.</i></p> <p><b>Well-being - Areas for Improvement</b></p> <p><b>5.6</b> There is indication the threshold for significant harm is not always applied consistently when considering removing children from the CPR. We heard this may be as a result of a misplaced conception that maintaining a child's name on the CPR is a means of ensuring continued support services for a child and their family. <b><i>The local authority should consider sharing guidance more widely with relevant partners and stakeholders to ensure consistent and shared understanding of thresholds and information sharing protocols.</i></b></p> <p><b>5.7</b> Risks are appropriately considered, with timely progression to the right service for children and families. There are, however, delays for some families subject to child protection procedures as enquiries are not always completed promptly. It is not always clear what the determination is post completion of a Section 47 enquiry. <b><i>Managers must ensure that, following the timely conclusion of a child protection enquiry, next steps are explicitly recorded with clarity and rationale in relation to the determinations under Section 3 Part 1 of the Wales Safeguarding Procedures.</i></b></p> <p><b>5.8</b> As Section 47 enquiries are not always completed in the required timescales, this impacts on timely decision making as to whether a child's name should be included on the CPR. <b><i>The local authority should ensure that when it has been</i></b></p>			<p>the context of Welsh Government's policy and legislative framework for removing profit from Children's social care.</p> <p>Met with Commissioners in Wrexham to discuss a shared approach to respite service development. They are keen to work in partnership with us on new options to provide respite across both counties.</p> <p>Identifying the resources for new services is a longer-term challenge and work on this is ongoing.</p> <p><b>RAG: GREEN</b></p> <p><b>R3.15</b> Progressing through the Workforce Resilience Project workstreams, looking at a) improving our success in recruitment and b) what can be done to retain our current workforce.</p> <p>Resilience Project now complete which looked at recruitment, retention and resilience in the workforce.</p> <p>Advertising campaigns were undertaken which did show some success in attracting applicants.</p> <p>Work streams to improve our success at recruitment are now business as usual and ongoing.</p> <p>Ongoing workstreams currently include:</p> <ul style="list-style-type: none"> <li>• Currently looking at the adverts to make them more appealing and positive and better. Looking at First contact initially which is where we</li> </ul>

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	<p><i>determined that a child is experiencing or is at risk of experiencing harm, abuse or neglect, a child protection conference is convened within 15 working days of the strategy discussion/meeting, or the last strategy discussion/meeting (if more than one has occurred), which initiated the Section 47 enquiry.</i></p> <p><b>5.9</b> Some care and support protection plans viewed are service led, with a focus on compliance instead of outcomes. Care and support protection plans are not routinely updated after core group meetings. It is acknowledged that recent training commissioned by the local authority has focused on clarifying roles and responsibilities for social workers. <i>An outline care and support protection plan devised at first conference should be developed into a more detailed plan at the first core group meeting as is highlighted in the WSP. Subsequent core groups should specifically review progress of outcomes for the child's safety. Leaders should ensure practitioners have clear systems and standards for developing plans which are child-centred and outcome-focused.</i></p> <p><b>5.10</b> - We saw examples of disclosures by police about an individual's criminal background, with a potential risk for a child, having been appropriately considered to promote children's safety. However, sharing of the information was not always completed in a timely manner with pressures of work cited in one example as the reason for the delay. <i>When the local authority is aware of such information, and it has been agreed they can share information with relevant individuals to promote a child's safety, this must be done in a timely manner.</i></p>			<p>do have some agency staff in roles. Looking to make the adverts more appealing and interesting.</p> <ul style="list-style-type: none"> <li>Managers are working with WDT to give experience of Children's services to students through short rotations to support them to explore the service as a career opportunity. This has seen success with some students selecting children's services as a career path.</li> </ul> <p>The Transfer policy has been reviewed, is in place and is being applied consistently. Handover visits are happening meaning smoother transition for children and families.</p> <p>Internally there has been some feedback that this process could still be improved. This was discussed at the last team managers meeting. The Team Managers are reviewing and updating the policy again to resolve the current internal issues.</p> <p>Trial one-page profiles in Children's Services to ensure that the need for repetition is prevented. One-page profiles have been trialled in our in-house children's homes and this is underway.</p> <p>The Permanency and Pathways Team have the 'This is me' document which group acknowledged priority to have this for all children.</p> <p>Discussions underway to decide whether to replace This is Me with one-page profiles throughout the service.</p>

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	<p><b>Prevention - Areas for Improvement</b>  <b>7.5</b> Children who are neurodiverse or who are awaiting diagnosis of a potential neurodiverse condition, and their parents, do not always receive prompt and adequate support and communication. Delays in support impact on their well-being. It is acknowledged that the local authority is well-sighted on this and has recently developed their service to include having a dedicated role to respond and support parent/carers sooner, whilst their children are awaiting a neurodiverse assessment/diagnosis. <i>The local authority should continue to have oversight and monitor the effectiveness of this development and the impact of this for children and families.</i></p> <p><b>Partnership - Areas for Improvement</b>  <b>9.6</b> <i>Children's services must communicate information about duty to report outcomes in a timely manner to the person who made the initial report. There are inconsistencies in current practice in relation to this.</i></p> <p><b>9.7</b> <i>Children's services must ensure that appropriate agencies are invited to strategy discussions /meetings in line with the WSP, to include but not limited to, a practitioner making the report and practitioners from education and community-based health services if relevant.</i></p>				<p><b>RAG: GREEN</b></p> <p><b>R5.6</b> Re-issued laminated sheets (and have digital option) with categories and definitions. Training on definitions and registration/deregistration included as part of the conference and core group training programme over 12 months from May 2024.</p> <p>Practice Directive has been created to improve information sharing through FCC and other agencies. Directive will ensure social workers work proactively with IAA and EHH to identify support available if deregistered and a clear step-down plan is in place prior to discussions around deregistration.</p> <p>Through Supervision meetings, managers will ensure that the thorough consideration has been given and documented to support conversations and decision-making processes during de-registration meetings.</p>
					<p><b>RAG: GREEN</b></p> <p><b>R5.7</b> It is recognised that our processes and systems on our PARIS IT system need to be re-engineered. This will involve the S47 and Part 3 assessment documentation in Paris to be separated to bring greater clarity of process and timelines.</p> <p>To fully improve our workflow and performance management systems we will need to replace the current PARIS system. We will need to work with Procurement to ensure that we are commission a new system that supports practice and provides effective and timely performance management.</p>

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	<p><b>9.8</b> The views and experiences of parent/carers of disabled children indicated that the availability of support to them could be strengthened and more flexible. They told us the support offered was not always suitable for their and their child's needs. <i><b>The local authority must ensure the parent/carer is involved as a full partner in assessing to what extent they are able to meet their personal outcomes, or with the support of others who are willing to provide that support; or with the assistance of services in the community to which they have access.</b></i></p> <p><b>9.9</b> We saw examples of children who were leaving care having to present as homeless to receive housing support. Practitioners also shared that accommodation for young people is an ongoing challenge and an area for improvement. There are clear longer-term options to support young people in general with housing support, in line with the well-being objectives in the Council Plan for 2023-2028. An example is a strategic plan, informed by a multi-agency approach, to create a young person's homeless hub which will offer accommodation as well as support services. <i><b>However, the local authority must continue to prioritise its programme of ensuring appropriate housing options for young care leavers and relevant 16–17-year-olds.</b></i> This in both the longer and shorter term, and where possible, avoiding the need for care leavers to present as homeless.</p>			<p><b>RAG: GREEN</b></p> <p><b>R5.8</b> Agreed a process for the MASH (Multi-Agency Safeguarding Hub), including the recording of decisions, that is compliant with the WSP. This action is also linked to action 5.7. MASH (now called Safeguarding Hub) now in place. A process map has been developed and is in use.</p> <p><b>RAG: AMBER</b></p> <p><b>R5.9</b> Established a TAF group to investigate and share learnings.</p> <p>The local authority has currently employed a worker whose role is to minute core group meetings, type up the minutes, share them with the social worker and other professionals within 5 working days of core group being held. Once SW has agreed they are a true reflection of the meeting.</p> <p>The original Care and support protection plan is shared in the initial core group with all core group members, this is then recorded in the minutes and any updates to the plan or changes are then recorded and shared, these will then be copied onto the next core group minutes and shared on a rolling basis so the minutes are recording any completed or new actions to the plan, this enables the plan to be a live document with movement to show progress and challenges within the Care and support protection plan. These are then recorded on the child's file so there is a clear plan of the family's journey whilst open to a plan.</p>

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					<p>Other professionals who may become involved with families, due to work identified when devising a plan are then invited to attend Core groups to ensure that information shared is timely and correct, if they cannot attend a report is requested of the worker identified.</p> <p>Recent training in Core groups has been rolled out and is delivered by LA staff to LA workers and other outside professionals who regularly attend core groups.</p> <p>Advice and expertise on the implementation of the “Effective Child Protection Model” has been sought and the implementation is ongoing.</p> <p>Review and amend format of the Protection Plan documentation. Consider how this documentation displays how the daily life of the child will be changed through the identified plan. Child Protection Case Conference Reports will be adapted following completion of the ECP programme to incorporate the steps to change model.</p>
					<p><b>RAG: GREEN</b></p> <p><b>R5.10</b> Established specific timescales to define our expectation of “timely”. Conversations with the police have taken place and agreed that the disclosure wording will be provided within 24 hours. In recognition of delays from other agencies, we have agreed timescales and process for escalation.</p>

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					<p><b>RAG: GREEN</b></p> <p><b>R7.5</b> Successful application for NDIP funding has resulted in a new social worker in post from January 2024 to specifically support 16–25-year-olds who are Neurodiverse, in all aspects of their lives. This post has been highly successful and has received very positive feedback. Monitor the effectiveness of this post and the impact that it is having on young people and their families. Use the evidence of this to submit applications for funding for further posts to support other age groups. The performance information for this post confirms it is supporting achievement of outcomes. Will be monitored in accordance with Grant conditions for the future.</p>
					<p><b>RAG: GREEN</b></p> <p><b>R9.6</b> A direct line for education colleagues to report safeguarding referrals, seek advice ahead of a potential safeguarding referral, and also to get feedback following a safeguarding referral has now been established.</p> <p>A rolling programme is now in place. Training on Core Groups has been joined to create a full day of training on Child Protection Case Conferences and Core Groups. merged with Child Protection Case Conferences to create a full day of training on This is being delivered on a multi-agency basis. with many schools attending them now.</p> <p>Work is ongoing to constantly review</p>



Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
					<p>this. The Corporate Safeguarding panel enables portfolio leads to be updated on the referral processes and pathways.</p> <p>The Regional safeguarding board delivery groups also provide the same opportunity to update partner agencies.</p> <p>Attendance at level 3 DSP Education training by Children's First Contact and Safeguarding team reps ensures what education leads are fully updated on the correct referral pathways.</p> <p>A direct line for education colleagues to report safeguarding referrals, seek advice ahead of a potential safeguarding referral, and also get feedback following a safeguarding referral has been established which has proven to be very invaluable. A template has been created to send out feedback to appropriate referrers which is in place and in use.</p> <p><b>RAG: GREEN</b></p> <p><b>R9.7</b> Continued to work to include agencies in discussions, where possible and appropriate, in line with WSP. The establishment of the Safeguarding Hub supports this development.</p> <p><b>RAG: GREEN</b></p> <p><b>R9.8</b> Information on Direct Payments has been recirculated to staff to ensure understanding and awareness of the flexibility of Direct Payments.</p>

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
					Support to upskill new 3rd Sector carer's support agencies to ensure that they have sufficient experience with carers of children with disabilities. This is a longer term and ongoing objective due to the timescales involved in procurement of new services.
					<p><b>RAG: GREEN</b></p> <p><b>R9.9</b> Investigations into broadening Local Solutions Supported Lodgings services continues as an ongoing workstream.</p> <p>Connections have been made with Flintshire's Ending Homelessness board and actions that are progressing through this workstream.</p> <p>Ensure that Housing Support and Homeless Service are alerted promptly as part of the 16th pathway plan to allow forward planning. This needs to be consistent across all individuals including those with low level/no needs). A report is now produced in Paris to check for birthdays coming up in 12 months and ensure plans are in place.</p>

# Estyn

There was no inspection reports published from Estyn regarding Flintshire as an authority in 2023/24 therefore, there are no progress updates to provide.

## Information Commissioner’s Office (ICO)

Report Title / Date	Recommendations / Observations	Reporting Information		2023-24 Response and RAG (If applicable)	2024-25 Progress Update and RAG
Information Commissioner’s Annual Report 2022-23  July 2023	Report Link: <a href="https://ico.org.uk/media/about-the-ico/documents/4025864/annual-report-2022-23.pdf">https://ico.org.uk/media/about-the-ico/documents/4025864/annual-report-2022-23.pdf</a>  Recommendation/Proposals for Improvement:  None	Cabinet: O&SC: G&AC:	N/A N/A N/A	RAG: N/A	RAG: N/A