



**PWYLLGOR CRAFFU GOFAL CYMDEITHASOL, IECHYD A LLES**

**2.00 pm DYDD IAU, 12 MAWRTH 2020**

**YSTAFELLOEDD PWYLLGOR A / B - CANOLFAN SIFIG NEATH**

**RHAID GOSOD POB FFÔN SYMUDOL AR Y MODD DISTAW AR  
GYFER PARHAD Y CYFARFOD**

**Rhan 1**

1. Datganiadau o fudd
2. Cofnodion y Cyfarfod Blaenorol (*Tudalennau 5 - 16*)

**Craffu ar faterion gwybodaeth a monitro a adroddir gan:**

3. Mesurau Lefel Uchel y Gwasanaethau Plant a Phobl Ifanc a'r Gwasanaethau i Oedolion - y 3ydd Chwarter (Ebrill 19 - Rhagfyr 19) (*Tudalennau 17 - 44*)
4. Craffu cyn penderfynu  
Dewis eitemau priodol o Agenda Bwrdd y Cabinet ar gyfer craffu cyn penderfynu (amgaeir adroddiadau Bwrdd y Cabinet aa gyfer yr Aelodau Craffu)
5. Rhaglen Gwaith Ymlaen 2019/2020 (*Tudalennau 45 - 48*)
6. Eitemau brys  
(*Unrhyw eitemau brys (boed yn gyhoeddus neu wedi'u heithrio) yn ol disgresiwn y Cadeirydd yn unol ag Adran 100B (4) (b) o Ddeddf Llywodraeth Leol 1972*)
7. Mynediad i gyfarfodydd  
*Mynediad i gyfarfodydd i benderfynu a ddylid gwahardd y cyhoedd o'r eitem ganlynol yn unol ag Is-adran 100a(4) a (5) Deddf Llywodraeth Leol 1972 a'r paragraffau eithriedig perthnasol o Ran 4*

*Atodlen 12a y Ddeddf uchod*

## **Rhan 2**

### **Craffu ar faterion preifat gwybodaeth a monitro a adroddir gan:**

8. Adroddiad Sefyllfa Taliadau Uniongyrchol (Yn eithriedig dan Baragraff 14) (*Tudalennau 49 - 58*)
9. Craffu Cyn Penderfyniad (Preifat)  
Dewis eitemau priodol o Agenda Bwrdd y Cabinet ar gyfer craffu cyn penderfynu (amgaeir adroddiadau Bwrdd y Cabinet ar gyfer yr Aelodau Craffu)

**S.Phillips**  
**Prif Weithredwr**

**Canolfan Ddinesig**  
**Port Talbot**

**Dydd Gwener, 6 Mawrth 2020**

### **Aelodaeth y Pwyllgor:**

**Cadeirydd:** L.M.Purcell

**Is-gadeirydd:** C.Galsworthy

**Cynghorwyr:** A.P.H.Davies, O.S.Davies, J.Miller, S.Paddison, S.H.Reynolds, D.Whitelock, A.N.Woolcock, C.Edwards, W.F.Griffiths, H.C.Clarke a/ac N.J.E.Davies

### **Nodiadau:**

- (1) *Os yw aelodau'r pwyllgor neu'r rhai nad ydynt yn aelodau'r pwyllgor am gynnig eitemau perthnasol i'w cynnwys ar yr agenda cyn cyfarfodydd y dyfodol, rhaid iddynt roi gwybod i'r Prif Weithredwr/Cadeirydd 8 niwrnod cyn y cyfarfod.*

- (2) *Os yw'r rhai nad ydynt yn aelodau'r pwyllgor am fod yn bresennol ar gyfer eitem o ddi-ddordeb, mae'n rhaid rhoi rhybudd ymlaen llaw (erbyn 12 hanner dydd ar y diwrnod cyn y cyfarfod). Gall y rhai nad ydynt yn aelodau'r pwyllgor siarad ond nid oes ganddynt hawl i bleidleisio, cynnig nac eilio unrhyw gynnig.*
- (3) *Fel arfer, ar gyfer trefniadau cyn craffu, bydd y Cadeirydd yn argymhell eitemau gweithredol sydd ar ddod i'w trafod/herio. Mae hefyd yn agored i aelodau'r pwyllgor ofyn i eitemau gael eu trafod - er y gofynnir i'r aelodau ddewis a dethol yma o ran materion pwysig.*
- (4) *Gwahoddir aelodau perthnasol Bwrdd y Cabinet hefyd i fod yn bresennol yn y cyfarfod at ddibenion Craffu/Ymgynghori.*
- (5) *Gofynnir i aelodau'r Pwyllgor Craffu ddod â'u papurau ar gyfer Bwrdd y Cabinet i'r cyfarfod.*

Mae'r dudalen hon yn fwriadol wag

## PWYLLGOR CRAFFU GOFAL CYMDEITHASOL, IECHYD A LLES

(Ystafelloedd Pwyllgor A/B – Canolfan Ddinesig Castell-nedd)

Aelodau sy'n Bresennol:

Dydd Iau, 19 Rhagfyr 2019

**Cadeirydd:** Cynghorydd L.M.Purcell

**Is-gadeirydd:** Cynghorydd C.Galsworthy

**Cynghorwyr:** A.P.H.Davies, S.Paddison, S.H.Reynolds,  
D.Whitelock, A.N.Woolcock a/ac H.C.Clarke

**Swyddogion sy'n  
Bresennol:** C.Warren, A.Thomas, J.Hodge, V.Smith,  
C.Frey-Davies, D.Tiddy, M.Weaver,  
K.Wedmore, S.Bradshaw, H.Davies, C.Howard,  
M.Selby, A.Potts, D.Harding, M.Potts,  
V.Thomas, J.Caswell, F.Lewis, S.Waite,  
A.Bradshaw, S.Curran and J.Woodman-Ralph

**Gwahoddedigion y  
Cabinet:** Cynghorwyr P.D.Richards a/ac A.R.Lockyer

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### 1. DATGANIADAU O FUDD

Cafwyd datganiadau o fudd gan y Cynghorwyr canlynol ar ddechrau'r cyfarfod:

Y Cynghorydd C.  
Galsworthy

Par: Y Polisi Taliadau Uniongyrchol  
am ei bod yn derbyn Taliadau  
Uniongyrchol ar gyfer aelod o'i  
theulu.

Y Cynghorydd  
P.D.Richards

Par: Trefniadau Contract ar gyfer y  
Gwasanaeth Mân Addasiadau am ei  
fod yn aelod o fwrdd Gofal a Thrwsio  
Bae'r Gorllewin Cyf. / Care and  
Repair Western Bay Ltd.

## 2. **COFNODION Y CYFARFOD BLAENOROL**

Y dylid cymeradwyo cofnodion y cyfarfod blaenorol a gynhaliwyd ar 17 Hydref 2019.

## 3. **MESURAU LEFEL UCHEL Y GWASANAETHAU PLANT A PHOBL IFANC A'R GWASANAETHAU I OEDOLION - CHWARTER 2 (19 EBRILL - 19 MEDI)**

Derbyniodd y pwyllgor wybodaeth am Ddata Mesurau Lefel Uchel y Gwasanaethau i Oedolion a Phlant a Phobl ifanc ar gyfer cyfnod yr ail chwarter (Ebrill 2019 – Medi 2019) fel y nodwyd yn yr adroddiad a ddosbarthwyd.

I ateb ymholiadau'r Cynghorwyr derbyniwyd yr esboniadau canlynol.

Roedd nifer y swyddi gwag a nodwyd yn yr adroddiad yn cynnwys gweithwyr cymdeithasol, cynorthwyyr a staff cymorth; nid oedd y ffigur yn ymwneud â Gweithwyr Cymdeithasol yn unig. Yn y dyfodol, byddai adroddiadau'n cynnwys mwy o fanylion am bob gwasanaeth.

Roedd swyddi gwag ychwanegol ar gyfer Gweithwyr Cymdeithasol a Therapyddion Galwedigaethol o ganlyniad i gyllid ychwanegol dros dro a ddaeth i law felly roedd swyddi ychwanegol yn cael eu llenwi dros dro. Hefyd, byddai swyddi gwag yn y Gwasanaeth Therapi Galwedigaethol yn effeithio ar yr amserau aros ar gyfer asesiadau.

Mewn 85% (11/13) o'r achosion a archwiliwyd, roedd y sawl dan oruchwyliaeth wedi mynychu hyfforddiant yn ystod y tair sesiwn oruchwyllo ddiwethaf; roedd hyn o ganlyniad i'r ffaith bod anghenion unigol y swyddog wedi'u targedu.

O ganlyniad i ryw faint o anhawster yn cyrchu ffeiliau goruchwyllo staff yng Nghanolfan Ddiogel Hillside, roedd loceri newydd wedi'u prynu er mwyn sicrhau na fyddai hyn yn digwydd eto. Byddai'r ffeiliau hyn yn cael eu harchwilio eto.

Ar ôl craffu, cytunwyd y byddai'r adroddiad yn cael ei nodi.

#### 4. **CRAFFU CYN PENDERFYNIAD**

Penderfynodd y pwyllgor graffu'r eitemau canlynol i fwrdd y cabinet:

##### Ailfodelu ac Adleoli Gwasanaethau Dydd Anghenion Cymhleth

Cafodd y pwyllgor drosolwg o'r cynnig i ailfodelu ac adleoli'r Gwasanaeth Dydd Anghenion Cymhleth a leolir yn Abbeyview, Brynamlwg a Threm y Môr fel y nodwyd yn yr adroddiad a ddosbarthwyd.

Rhodddwyd sicrwydd i'r Cynghorwyr nad ymarfer torri costau oedd y cynnig am fod y costau'n niwtral. Y bwriad oedd atgyfnerthu'r ddarpariaeth sy'n bodoli eisoes.

Mynegodd y Cynghorwyr bryder am yr amser ychwanegol y byddai defnyddwyr gwasanaethau'n ei dreulio'n teithio i'r lleoliad newydd. Esboniwyd na fyddai unrhyw amser ychwanegol yn cael ei dreulio ar fysiau, a hynny drwy drafod gyda'n cydweithwyr trafniadaeth. Os byddai angen, byddai'r llwybrau codi teithwyr yn cael eu haildrefnu i sicrhau hyn. Byddai llai o lwybrau codi teithwyr i bob bws lle bynnag byddai angen hynny. Byddai adroddiad yn cynnwys dadansoddiad o'r amserau a'r lleoliadau'n cael ei gyflwyno i'r Cynghorwyr ei ystyried mewn cyfarfod yn y dyfodol.

Byddai ystyriaeth yn cael ei rhoi i gynorthwyo defnyddwyr gwasanaethau ag Anhwylder y Sbectwm Awtistiaeth er mwyn iddynt allu ymdopi â'r newidiadau a ddaw yn sgil y cynnig hwn. Byddai cyfeillgarwch rhwng defnyddwyr gwasanaethau, a godwyd yn flaenorol gan rieni yn ystod yr ymgynghoriad, hefyd yn rhan o'r gwaith cynllunio.

Cadarnhaodd swyddogion y byddai costau ychwanegol oherwydd hyfforddiant staff am y byddai angen i staff asiantaeth weithredu yn lle'r staff fyddai'n derbyn yr hyfforddiant. Roedd trafodaethau gyda darparwyr gofal yn parhau.

Cafwyd trafodaeth am y broses i gefnogi teuluoedd a rhieni a oedd yn anfodlon am y cynnig. Esboniodd swyddogion fod cyfarfodydd wedi'u cynnal gydag unigolion i liniaru unrhyw faterion ac i gynorthwyo pobl i ddeall pam roedd y newidiadau wedi'u cyflwyno. Cydnabuwyd hefyd bod newid yn gallu bod yn anodd i lawer o bobl. Hefyd, wrth fyfyrion am yr ymgynghoriad, byddai unrhyw wersi a oedd wedi'u dysgu yn

sgil y broses honno'n cael eu defnyddio i lywio ymgynghoriadau yn y dyfodol.

Ar ôl craffu, roedd y pwyllgor yn cefnogi'r cynigion i fwrdd y cabinet eu hystyried.

### Polisi Taliadau Uniongyrchol

Ar y pwynt hwn, ailnododd Y Cyngorydd C. Galsworthy ei budd yn yr eitem hon ac ymddieithiodd o'r cyfarfod.

Derbyniodd y Cyngorwyr wybodaeth am y Polisi Taliadau Uniongyrchol fel y nodwyd yn yr adroddiad a ddosbarthwyd.

I ateb ymholiadau'r Cyngorwyr, nodwyd nad oedd y Polisi Taliadau Uniongyrchol yn destun ymgynghori allanol am mai esboniad oedd e o'r system Taliadau Uniongyrchol, yn hytrach na pholisi sy'n nodi ac esbonio'r dull gweithredu mae'r Cyngor wedi dewis ei fabwysiadu o fewn fframwaith cyfreithiol. Cynhaliwyd Asesiad Effaith Integredig yn rhan o waith y Cyngor o gyflawni ei ddyletswyddau deddfwriaethol o dan Ddeddf Cydraddoldeb 2010, Rheoliadau Safonau'r Gymraeg (Rhif 1) 2015 a Deddf yr Amgylchedd (Cymru) 2016.

Yn ogystal, holodd y Cyngorwyr pam nad oedd effaith ar y cymoedd. Roedd nifer o achosion lle nad oedd defnyddwyr gwasanaethau'n gallu recriwtio i rolau cynorthwywyr personol. Esboniodd swyddogion fod yr adran hon o'r adroddiad yn cyfeirio at y dyletswyddau deddfwriaethol o dan y deddfau cydraddoldeb perthnasol. Hefyd, ni fyddai neb yn cael ei orfodi i ddefnyddio taliadau uniongyrchol. Pe na bai unrhyw gynorthwywyr personol ar gael, yna byddai'r Cyngor yn darparu'r gwasanaeth ar sail anghenion y person. Gallai derbynwyr hefyd roi'r gorau i daliadau uniongyrchol ar unrhyw adeg.

Holodd y Cyngorwyr beth oedd cost resymol am fod hyn wedi'i nodi yn y polisi. Esboniodd swyddogion fod y gost yn dibynnu ar angen y claf fel yr aseswyd a chost resymol am y gwasanaeth. Petai derbynnydd yn dewis trefnu gwasanaeth drutach, byddai'n rhaid i'r unigolyn dalu'r gwahaniaeth yn y gost.

Mewn ymateb i ymholiadau'r Cyngorwyr, cadarnhaodd swyddogion fod gwiriadau'r Gwasanaeth Datgelu a Gwahardd (DBS) yn cael eu gwirio gan y gweithiwr cymdeithasol. Pe na bai gweithiwr cymdeithasol yn gysylltiedig, yna'r tîm taliadau uniongyrchol fyddai'n cynnal gwiriadau ac yn atgyfeirio, pe bai angen, at y tîm diogelu.



Ar ôl craffu, roedd y pwyllgor yn cefnogi'r cynigion i fwrdd y cabinet eu hystyried.

### Polisi Dyrannu Cyfnodau Ysbaid mewn Gwasanaethau Oedolion

(Ar y pwynt hwn, dychwelodd y Cyngorydd C.Galsworthy i gymryd rhan yn y cyfarfod.)

Derbyniodd y Cyngorwyr wybodaeth am ganlyniad yr ymgynghoriad cyhoeddus ar y Polisi Dyrannu Seibiant mewn Gwasanaethau Oedolion a oedd wedi'i ddiwygio, fel y nodwyd yn yr adroddiad a ddosbarthwyd.

Mynegwyd pryder am y ffurflen ticio blychau newydd a oedd yn pennu anghenion gofal a chymorth unigolion a gofalwyr o ran eu cymhwyster i gael seibiant. Esboniodd swyddogion fod y ffurflen wedi'i datblygu yn dilyn cais gan weithwyr cymdeithasol am gymorth wrth asesu angen. Mae'r system sgorio'n rhan o'r asesiad. Byddai'r ffurflen wedyn yn rhan o ystyriaethau'r Panel Adnoddau sy'n dyrannu seibiant.

Gofynnodd y pwyllgor beth oedd yr amserau aros ar gyfer asesiadau ac esboniwyd bod yr amserau aros wedi gostwng ond y byddai ymateb ar unwaith pe bai cais yn cael ei nodi'n un brys.

Datblygwyd y polisi er mwyn cyflwyno dull mwy hyblyg i alluogi defnyddwyr gwasanaethau a gofalwyr i ddewis pecyn gofal a oedd yn cyd-fynd â'u hanghenion. Nid oedd rhai defnyddwyr gwasanaeth am fynd i leoliad seibiant oherwydd ei bod yn well ganddynt aros gartref a chael gofal yna. Roedd modd defnyddio taliadau uniongyrchol hefyd.

Roedd gan y tîm taliadau uniongyrchol gofrestr o gynorthwywyr personol ac roeddent yn holi cynorthwywyr personol sydd eisoes wrthi'n gweithio os byddai defnyddwyr gwasanaeth/gofalwyr yn chwilio am gymorth seibiant ac yn methu â dod o hyd i Gynorthwydd Personol.

Ar ôl craffu, roedd y pwyllgor yn cefnogi'r cynigion i fwrdd y cabinet eu hystyried.

### Gwasanaethau Oedolion, Plant a Phobl Ifanc – 2il Chwarter

Derbyniodd y pwyllgor wybodaeth am Wybodaeth Perfformiad, Cwynion a Chlod ar gyfer Gwasanaethau i Oedolion a Phlant a Phobl Ifanc fel ei gilydd ar gyfer Chwarter 2 fel y nodwyd yn yr adroddiad a ddisbarthwyd.

Roedd y Cynghorwyr yn pryderu am y 100 o bobl nad oeddent wedi'u hatal rhag dod yn ddigartref. Esboniodd swyddogion y byddai adroddiad diweddarau'n cael ei baratoi a fyddai'n cynnwys yr amrywiol resymau pam nad oedd digartrefedd wedi'i atal a hefyd niferoedd y bobl a oedd wedi gwrthod help. Amlygodd swyddogion fod amryw resymau pam nad oedd digartrefedd wedi'i atal. Nid oedd gan Gyngor Bwrdeistref Sirol Castell-nedd Port Talbot stoc tai. Roedd anawsterau gyda'r llety gwely a brecwast yn Abertawe. Roedd trafodaethau ar y gweill gyda Llywodraeth Cymru a Chymdeithas Tai Tarian i gynorthwyo i gefnogi'r bobl hyn sy'n agored i niwed.

Cafwyd trafodaeth ynghylch model i atal digartrefedd a oedd yn cael ei ddefnyddio yn yr Alban ac sydd wedi bod yn effeithiol iawn. Byddai swyddogion yn archwilio'r model hwn ac yn darparu adroddiad os byddai hynny'n briodol.

Ar ôl craffu, cytunwyd y dylid nodi'r adroddiad.

## 5. **MYNEDIAD I GYFARFODYDD**

**PENDERFYNWYD:** Y dylid eithrio'r cyhoedd ar gyfer yr eitemau busnes canlynol yn unol ag Adran 100A(4) a (5) o Ddeddf Llywodraeth Leol 1972, oherwydd eu bod yn cynnwys y tebygolrwydd o ddatgelu gwybodaeth eithriedig fel y diffiniwyd ym Mharagraffau 13 a 14 o Atodlen 12A i'r Ddeddf uchod.

## 6. **DIWEDDARIAD AR GYNLLUN STRATEGOL ANHWYLDER Y SBECTRWM AWTISTIG/ANHWYLDERAU NIWRODDATBLYGIADOL (ASD/NDD)**

Derbyniodd y pwyllgor ddiweddariad ar gynnydd a datblygiad Cynllun Strategol Anhwylder y Sbectrum Awtistiaeth / Anhwylderau Niwroddatblygiadol (ASD/NDD) fel y nodwyd yn yr adroddiad preifat a ddisbarthwyd.

Cafwyd trafodaeth am y gefnogaeth a ddarperir i bobl ag ASD/NDD. Lle bo angen, daethpwyd â'r gwasanaeth i'r defnyddwyr gwasanaethau. Er enghraifft, byddai staff y ganolfan waith yn ymweld â'r cleient os oedd yn anodd i'r cleient hwnnw fynd i'r canolfannau gwaith.

I ymateb i ymholiadau'r Cynghorwyr, nodwyd bod y cyllid wedi'i ddarparu gan y Gronfa Gofal Integredig a gâi ei harwain gan Fwrdd Iechyd Bae Abertawe felly nid oedd unrhyw effeithiau ariannol ar y Cyngor.

Mynegwyd pryder am y diffyg data am restrau aros am ddiagnosisau a faint o bobl oedd yn derbyn cefnogaeth ar ôl cael diagnosisu.

Cafwyd trafodaeth am bwysigrwydd cydweithio rhwng y Cyfarwyddiaethau Gwasanaethau, Iechyd a Thai ac Addysg, Hamdden a Dysgu Gydol Oes, er mwyn sicrhau bod dull gweithredu cyson. Cafwyd trafodaeth bellach am yr angen i gynnwys asiantaethau eraill a oedd hefyd yn darparu gwasanaethau i gefnogi ASD/NDD. Gofynnwyd i Bennaeth y Gwasanaethau Plant a Phobl Ifanc nodi'r holl asiantaethau sy'n gyfrifol am wasanaethau ASD/NDD ac i Gadeirydd y pwyllgor hwn ysgrifennu llythyr yn ymdrin â'r angen i'r holl asiantaethau weithio gyda'i gilydd.

At hynny, gofynnodd y Cynghorwyr i ystyriaeth gael ei rhoi i gynnal cyfarfodydd craffu ar y cyd ag Addysg, Sgiliau a Diwylliant ar bynciau trawsbynciol fel y Cynllun Strategol Awtistiaeth. Gofynnwyd i'r Swyddog Craffu roi gwybod i'r pwyllgor am unrhyw adroddiadau'n ymwneud ag ASD/NDD a oedd yn cael eu hystyried gan Fwrdd Cabinet Addysg, Sgiliau a Diwylliant.

Gofynnodd y Cynghorwyr i'w gwerthfawrogiad gael ei gyfleu i'r holl staff sy'n gysylltiedig â gwasanaethau ASD/NDD am eu holl waith caled a'u hymrwymiad at ddarparu gwasanaeth rhagorol.

Ar ôl craffu, cytunwyd y dylid nodi'r adroddiad.

## **7. CRAFFU CYN PENDERFYNIAD (PREIFAT)**

Penderfynodd y pwyllgor graffu'r eitemau preifat canlynol i fwrdd y cabinet:

Adroddiad y Rheolwr ar Gartref Plant Diogel Hillside

Derbyniodd y Cynghorwyr wybodaeth am y bobl ifanc, gwybodaeth am staff, cynllunio'r gwasanaeth a datblygiad yn ystod y cyfnod rhwng 1 Mehefin – 31 Hydref 2019 (5 mis) fel y nodwyd yn yr adroddiad a ddosbarthwyd.

Ar ôl craffu, cytunwyd y dylid nodi'r adroddiad.

Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016

Derbyniwyd trosolwg o'r adroddiad Rheoliadau'r Gwasanaeth Rheoleiddiedig (Darparwyr Gwasanaethau ac Unigolion Cyfrifol) 2017 mewn perthynas â Chanolfan Ddiogel Hillside, fel y nodwyd yn yr adroddiad preifat a ddosbarthwyd.

Ar ôl craffu, cytunwyd y dylid nodi'r adroddiad.

**CADEIRYDD**

## PWYLLGOR CRAFFU GOFAL CYMDEITHASOL, IECHYD A LLES

**Aelodau sy'n Bresennol:**

**Dydd Iau, 23 Ionawr 2020**

<b>Is-gadeirydd:</b>	<b>Cynghorydd C.Galsworthy</b>
<b>Cynghorwyr:</b>	A.P.H.Davies, O.S.Davies, J.Miller, S.H.Reynolds, D.Whitelock, C.Edwards, W.F.Griffiths, H.C.Clarke a/ac N.J.E.Davies
<b>Swyddogion sy'n Bresennol:</b>	A.Jarrett, K.Warren, A.Bradshaw, G. Powell, H.Jenkins a/ac S.Curran
<b>Gwahoddedigion y Cabinet:</b>	Cynghorwyr A.R.Lockyer a/ac P.D.Richards

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1. **YMGYNGHORIAD AR CYLLIDEB GWASANAETHAU  
CYMDEITHASOL A CYNILION DDRAFFT 2020/21**

Cafwyd trosolwg o'r Gyllideb Gwasanaethau Cymdeithasol ac Arbedion Drafft 2020/2021, fel y nodwyd yn yr adroddiad a ddosbarthwyd.

Hysbyswyd yr aelodau bod camgymeriad gweinyddol wedi digwydd ar dudalen 13 o Atodiad 1 ac mewn perthynas â SSHH1001, dylid dileu'r frawddeg, 'Proposal to reduce the rates paid to AFP carers in line with the rates paid to children's foster carers'.

Rhodddwyd sicrwydd hefyd i'r Cynghorwyr na fyddai unrhyw swyddi'n cael eu dileu fel y nodwyd yn SSHH1008 ac y byddai'r frawddeg hon yn cael ei dileu o'r adroddiad.

Nododd y Pwyllgor nad oedd digartrefedd wedi'i gynnwys yn yr adroddiad fel pwysau penodedig. Cytunodd swyddogion fod digartrefedd yn peri pwysau ar wasanaethau ond rhodddwyd sicrwydd bod modd ymdrin â hyn.

Nododd y pwyllgor y cysylltiad rhwng y cyfadrannau gwasanaethau cymdeithasol ac addysg.

Holodd y Cynghorwyr am y sefyllfa o ran prosiectau sy'n derbyn cyllid o'r UE yn dilyn Brexit a hysbyswyd na fyddai effeithiau'n cael eu gweld i'r trefniadau presennol ym mlwyddyn ariannol 20/21.

Hysbysodd y Cyfarwyddwr Cyllid a Gwasanaethau Corfforaethol y Cynghorwyr hefyd fod y Gyllideb Ddrafft, er eu bod wrthi'n adolygu'r amserlen toriadau a chynhyrchu incwm, sydd yn destun ymgynghori ar hyn o bryd, yn cynnwys buddsoddiad newydd yn 2020/21 o ryw £2.5m ar gyfer gwasanaethau Gofal Cymdeithasol. Gofynnodd y Cynghorwyr a fyddai modd i'r pwyllgor craffu dderbyn manylion o'r fath yn y dyfodol fel bod modd ystyried holl gynigion y gyllideb ddrafft.

Mewn perthynas â SSHH1001, gofynnodd y Cynghorwyr a fyddai gofalywyr yn cael eu heffeithio petai ffioedd lleoliadau teuluol oedolion yn cael eu hadolygu. Nododd swyddogion fod y manylion yn cael eu trafod a bod yr holl opsiynau'n cael eu hystyried er mwyn cyflawni'r arbedion.

Mewn perthynas â SSHH1002, gofynnodd y Pwyllgor a oedd cyfraniadau gan y Bwrdd Iechyd wedi'u cytuno. Nododd fod swyddogion yn archwilio hawliadau hanesyddol am gyfraniadau, yn ceisio cynyddu'r capasiti cyfreithiol i fynd i'r afael â'r materion hyn ac yn rhoi model ariannol newydd yn ei flaen ar gyfer cyfraniadau yn y dyfodol.

Rhodddwyd sicrwydd i'r Cynghorwyr y byddai'r dasg o leihau nifer y plant sy'n derbyn gofal yn cael ei wneud yn ddiogel ac yn naturiol ac y byddai anghenion y plentyn o'r pwys pennaf bob amser gan sicrhau na fyddai unrhyw blentyn yn cael ei roi mewn perygl.

Gofynnodd y pwyllgor am wybodaeth bellach mewn perthynas â SSHH1003 a chawsant wybod, oherwydd y galw uwch, y bydd incwm yn sgil asesiadau ariannol yn cynyddu'n naturiol, oherwydd y nifer uwch o becynnau gofal sy'n cael eu darparu yn sgil y buddsoddiad cyllid newydd yn 2020/21.

Rhodddwyd sicrwydd i'r Cynghorwyr na fyddai'r arbedion a nodwyd yn SSHH1005 mewn perthynas â'r Gwasanaeth Cyfarpar ar y Cyd yn cael unrhyw effaith ar ddefnyddwyr gwasanaethau ac y byddai cyfraniadau'n seiliedig ar ddefnydd gwirioneddol.

Cafodd y Cynghorwyr drafodaeth am yr arbedion a nodwyd yn SSHH1010 a chawsant wybod bod arbedion i gyllidebau cyfreithiol wedi'u nodi oherwydd arbenigedd cynyddol staff y Cyngor. Mae

penderyniadau'n cael eu herio i raddau llai wrth i ansawdd asesiadau gwaith cymdeithasol wella ac felly mae'r gofyniad am fargyfreithwyr ac asesiadau arbenigol yn lleihau. Rhoddwyd sicrwydd i'r Cynghorwyr y byddai bargyfreithiwr bob amser yn cael ei ddefnyddio ar gyfer achosion cymhleth lle gellid peryglu enw da'r Cyngor neu lle mae angen mynd i'r Uchel Lys a hynny er mwyn sicrhau'r deilliannau gorau posibl.

Trafododd y Pwyllgor sut gellir amcangyfrif nifer y gwahanol fathau o ddefnyddwyr gwasanaethau a chytunwyd bod hyn yn anodd mewn gwasanaethau sy'n cael eu harwain gan y galw amdanynt. Defnyddir barn broffesiynol ar sail blynyddoedd blaenorol, tueddiadau, rhagfynegiadau'r farchnad a thybiaethau realistig.

Ar ôl ystyried yr Aseidiadau Effaith Integredig a oedd wedi'u cynnwys yn yr adroddiad, atgoffwyd y Cynghorwyr y byddai eu sylwadau yn sgil y cyfarfod hwn yn rhan o'r ymateb i'r ymgynghoriad ffurfiol ar gyfer y Gyllideb 2020/21. Gofynnwyd iddynt roi gwybod i swyddogion os oedd ganddynt unrhyw gynigion eraill nad oeddent wedi'u cynnwys yn yr adroddiad atodedig fel bod modd eu hystyried.

## **CADEIRYDD**

Mae'r dudalen hon yn fwriadol wag





Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

### **Social Care, Health & Well-Being Scrutiny Committee**

**12<sup>th</sup> March 2020**

**Report of the Heads of Children & Adult Services (Keri Warren & Angela Thomas)**

#### **Matter for Monitoring**

**Wards Affected: All**

**Report Title: ADULT AND CHILDREN & YOUNG PEOPLE SERVICES HIGH LEVEL MEASURES – 3<sup>rd</sup> QUARTER (April 19 – December 19)**

#### **Purpose of the Report:**

1. The purpose of this report is to provide Members with Adult and Children & Young People Services High Level Measure Data for the 3<sup>rd</sup> Quarter Period (April 19 – December 19). This will enable the Social Care, Health & Well Being Scrutiny Members to discharge their functions in relation to performance management.

#### **Executive Summary:**

1. A new set of Adult and Children & Young Peoples Services High Level Measures have been introduced for Social Services during 2019-20.

**Background:**

2. Failure to produce a compliant performance monitoring report within timescale could lead to non-compliance within our Constitution and hinder the full and transparent scrutiny of performance across the Directorate. This report enables Members to monitor and challenge performance across Adult and Children & Young People Services.

**Financial Impacts:**

3. No Implications

**Integrated Impact Assessment:**

4. There is no requirement to undertake an Integrated Impact Assessment as this report is for monitoring / information purposes.

**Valleys Communities Impacts:**

5. No Implications.

**Workforce Impacts:**

6. No implications.

**Legal Impacts:**

7. No implications

### **Risk Management Impacts:**

8. There is little or no risks associated with the information contained in this report.

### **Crime and Disorder Impacts:**

9. Section 17 of the Crime and Disorder Act 1998 places a duty on the Council in the exercise of its functions to have “due regard to the likely effect of the exercise of those functions on and the need to do all that it reasonably can to prevent:
  - a) Crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and
  - b) The misuse of drugs, alcohol and other substances in its area; and
  - c) Re-offending the area”
10. There is no impact under the Section 17 of the Crime and Disorder Act 1998 through the information contained in this report.

### **Counter Terrorism Impacts:**

11. The information contained in this report is likely to have no impact on the duty to prevent people from being drawn into terrorism.

## **Violence Against Women, Domestic Abuse and Sexual Violence Impacts:**

12. Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which —
  - (a) increase the risk of violence against women and girls, or
  - (b) exacerbate the impact of such violence on victims.
13. The information contained in this report is likely to have no impact on the above duty.

## **Consultation:**

14. There is no requirement for external consultation on this item

## **Recommendations:**

15. Not applicable.

## **Reasons for Proposed Decision:**

16. Not applicable.

## **Implementation of Decision:**

17. No decision to be made. For information only.

## **Appendices:**

18. Appendices listed as follows: -

- a. **Appendix A** – Adult and Children & Young People Services High Level Measures.
- b. **Appendix B** - Adult and Children & Young People Services Quarter 3 Thematic Audit Report (July 19 – December 19)

## **List of Background Papers:**

19. None.

## **Officer Contacts:**

David Harding – Performance Manager (Children’s Services)

Telephone: 01639 685942

Email: [d.harding@npt.gov.uk](mailto:d.harding@npt.gov.uk)

Mike Potts – Performance Manager (Adult Services)

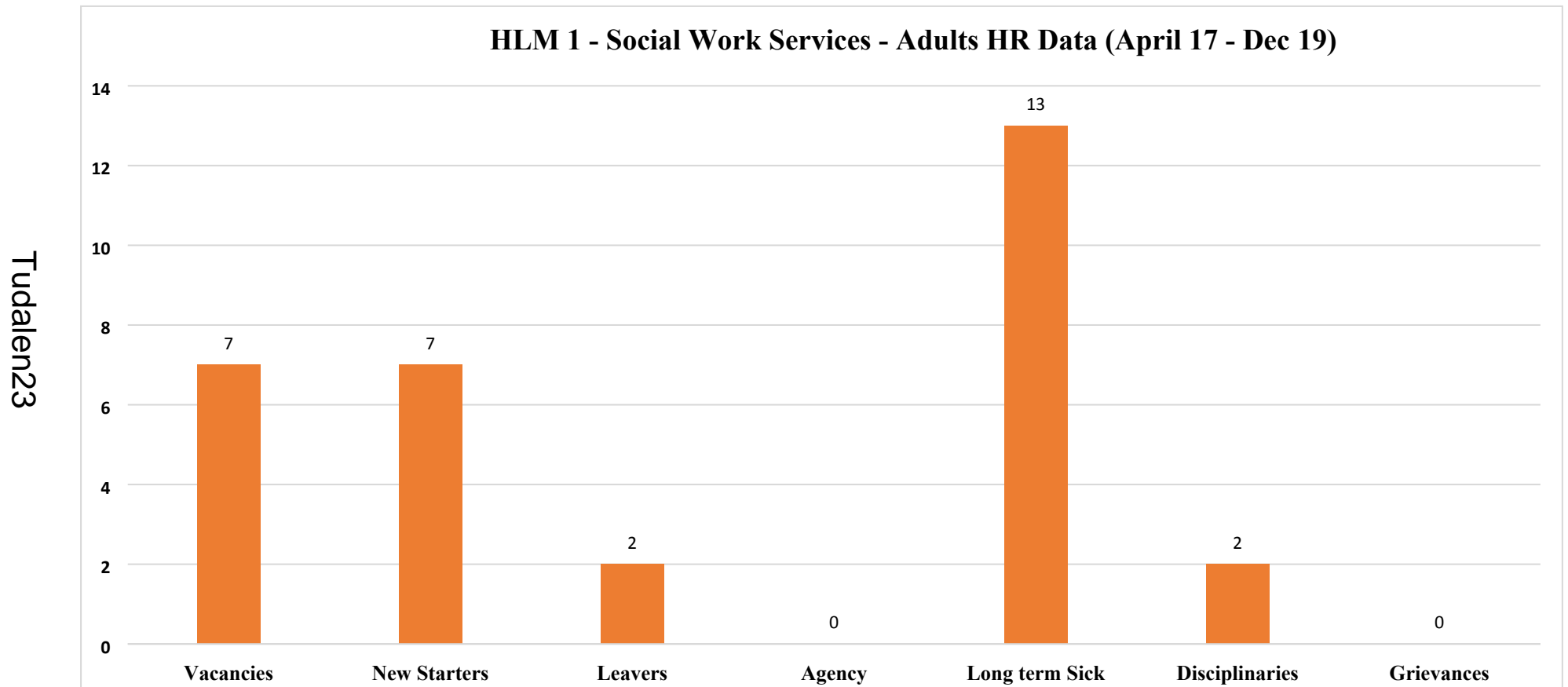
Telephone: 01639 685367

Email: [m.potts@npt.gov.uk](mailto:m.potts@npt.gov.uk)

Mae'r dudalen hon yn fwriadol wag

**Adult and Children & Young People Services Monthly High Level Measures 2019/20**

- **High Level Measure 1 (Adult Services) – The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service**



**APPENDIX A**

	Team Manager	Deputy Team Manager	Consultant Social Worker	Community Social Worker	Community Wellbeing Officer	Safeguarding Coordinator/Best Interest Assessor	COT's/OT Assistant	Community Reablement Support Worker	Reablement Coordinators	Local Area Coordinators	Total
Vacancies	0	0	0	4	0	1	2	<i>See comment below</i>		0	7
New Starters	0	0	0	4	0	1	2			0	7
Leavers	0	0	0	1	0	1	0			0	2
Agency	0	0	0	0	0	0	0			0	0
Long term Sick	0	0	1	6	0	5	1			0	13
Disciplinaries	0	0	0	1	1	0	0			0	2
Grievances	0	0	0	0	0	0	0			0	0
<b>No. of Posts</b>	<b>7</b>	<b>13</b>	<b>6</b>	<b>53</b>	<b>15</b>	<b>8</b>	<b>28</b>			<b>5</b>	

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NB. The number of vacancies do not include those generated by the Homecare/ Reablement MoC (Community Wellbeing Team), as these are part of the final stages of the Management of Change process and are potentially not vacancies that will be filled or recruited into.

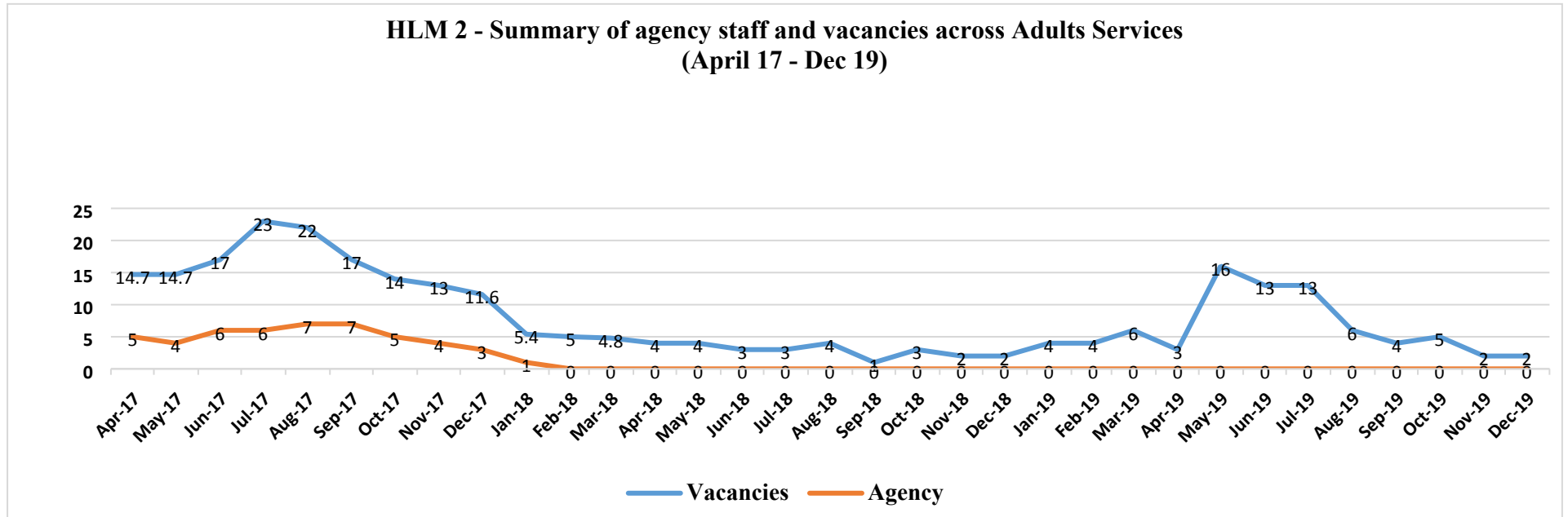
For the purposes of the report “vacancies” have been identified as being posts that are vacant that are actively being recruited for. Not posts that remain vacant that are being held for savings or where the money is being used to fund posts elsewhere. Sickness levels have remained in their increased levels within the service area, all of these cases are being managed in line with the Maximising Attendance Procedure. The predominant reason for long term absence within Adult Services at this time remains to be “Personal Stress/Anxiety” and “Pre- planned operation” conditions.



APPENDIX A

• High Level Measure 2 (Adult Services) – Summary of Agency Staff and Vacancies across the Service

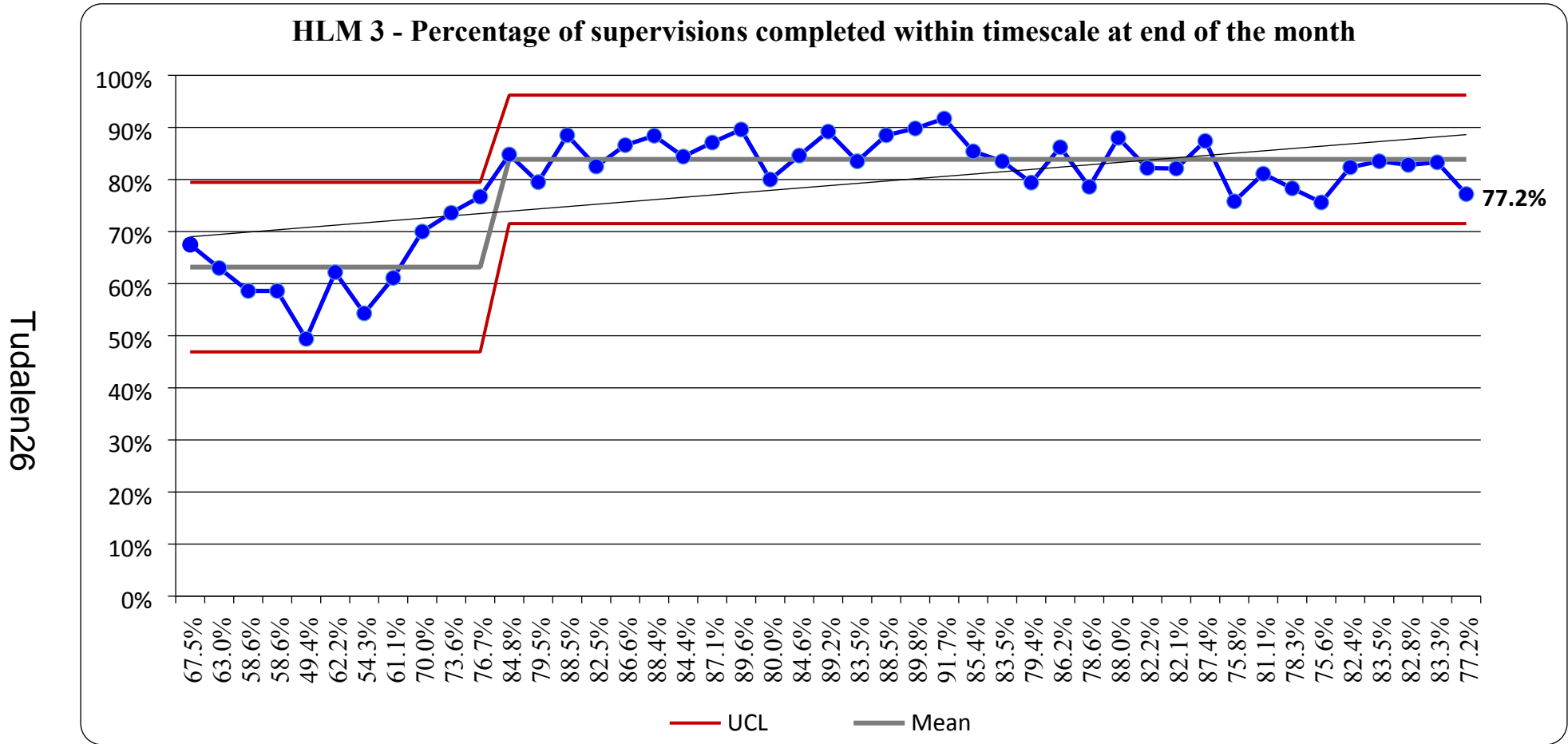
Tudalen25



NB. The number of vacancies do not include those generated by the Homecare/ Reablement MoC (Community Wellbeing Team), as these are part of the Management of Change process and are potentially not vacancies that will be filled or recruited into. There has been an increase in Social Worker and Occupational Therapy services vacancies. This has been due to the directorate receiving additional temporary financial funding. Therefore, additional posts within these areas have been created on a temporary basis. These vacancies have also arisen due to leavers in the previous quarter, employees accessing flexible working arrangements and the release of additional funding.

APPENDIX A

- High Level Measure 3 (Adult Services) – Percentage of Supervisions Completed within Timescale

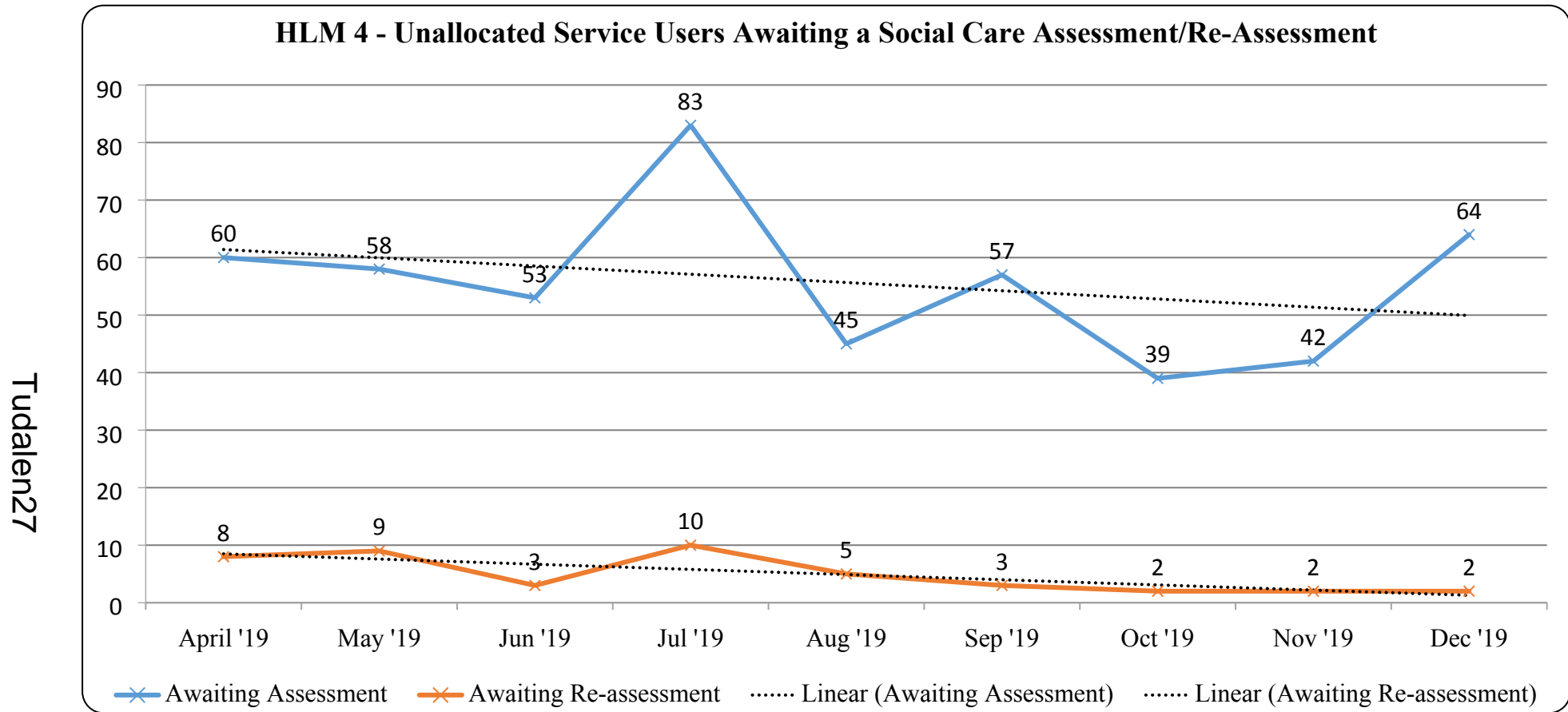


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**HLM 3 – Percentage of completed supervisions of caseload holding staff within 28 working days at the end of each month.**

APPENDIX A

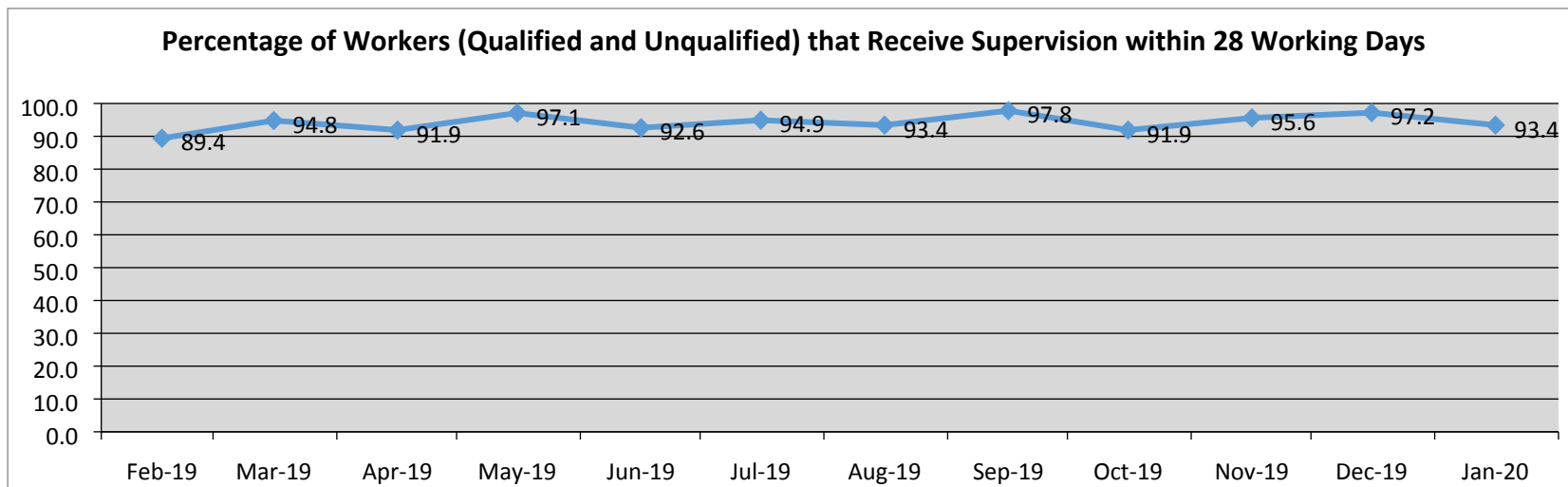
• High Level Measure 4 (Adult Services) – Service Users Awaiting a Social Care Assessment/Re-Assessment



**HLM 4** – Unallocated service users awaiting a social care assessment/re-assessment as at the end of each month. The peak in those awaiting a social care assessment as at 31<sup>st</sup> July 2019 can be attributed to staff sickness which meant that cases had to be placed on the re-allocation list.

**APPENDIX A**

**High Level Measure 5 (Children & Young People Services) – Staff Supervision Rates**

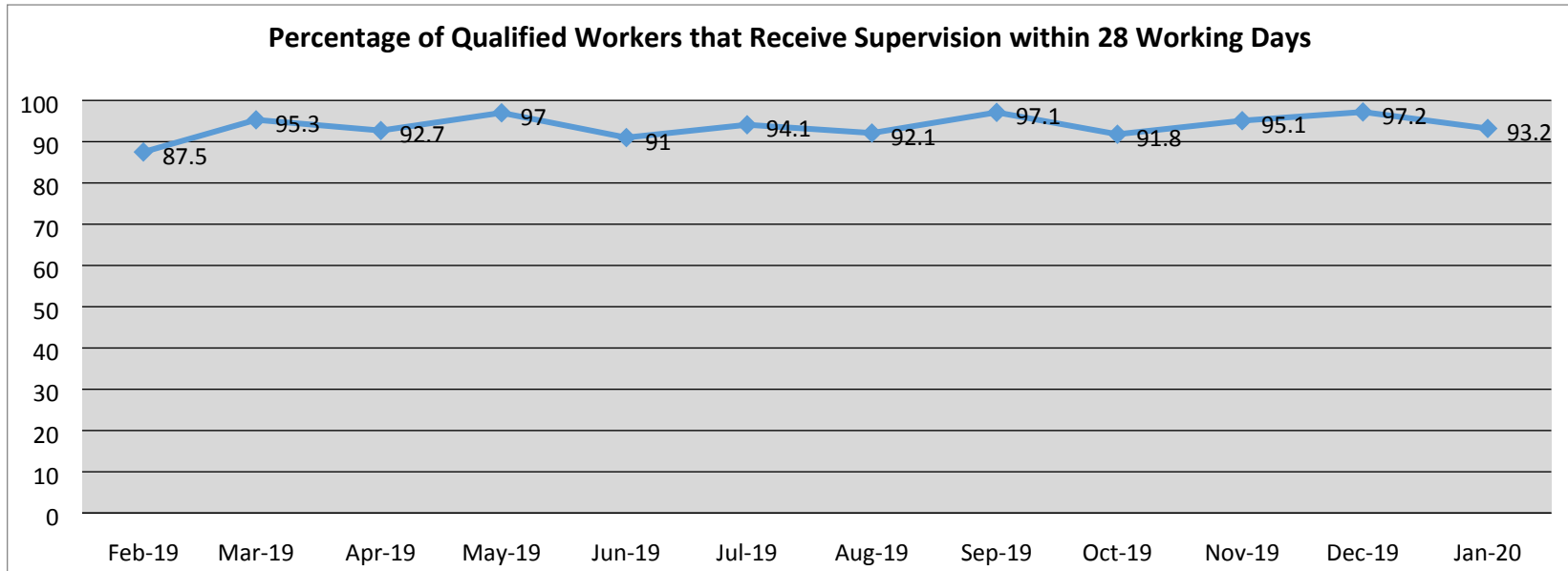


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	<b>Feb 19</b>	<b>Mar 19</b>	<b>Apr 19</b>	<b>May 19</b>	<b>Jun 19</b>	<b>Jul 19</b>	<b>Aug 19</b>	<b>Sep 19</b>	<b>Oct 19</b>	<b>Nov 19</b>	<b>Dec 19</b>	<b>Jan 20</b>
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The % of all workers that receive Supervision within 28 working days	<b>93.6</b>	<b>94.8</b>	<b>91.9</b>	<b>97.1</b>	<b>92.6</b>	<b>94.9</b>	<b>93.4</b>	<b>97.8</b>	<b>91.9</b>	<b>95.6</b>	<b>97.2</b>	<b>93.4</b>
Number of workers due Supervision	<b>140</b>	<b>134</b>	<b>135</b>	<b>136</b>	<b>135</b>	<b>139</b>	<b>137</b>	<b>138</b>	<b>135</b>	<b>137</b>	<b>143</b>	<b>137</b>
Of which, were undertaken in 28 working days	<b>131</b>	<b>127</b>	<b>124</b>	<b>132</b>	<b>125</b>	<b>132</b>	<b>128</b>	<b>135</b>	<b>124</b>	<b>131</b>	<b>139</b>	<b>128</b>

**APPENDIX A**

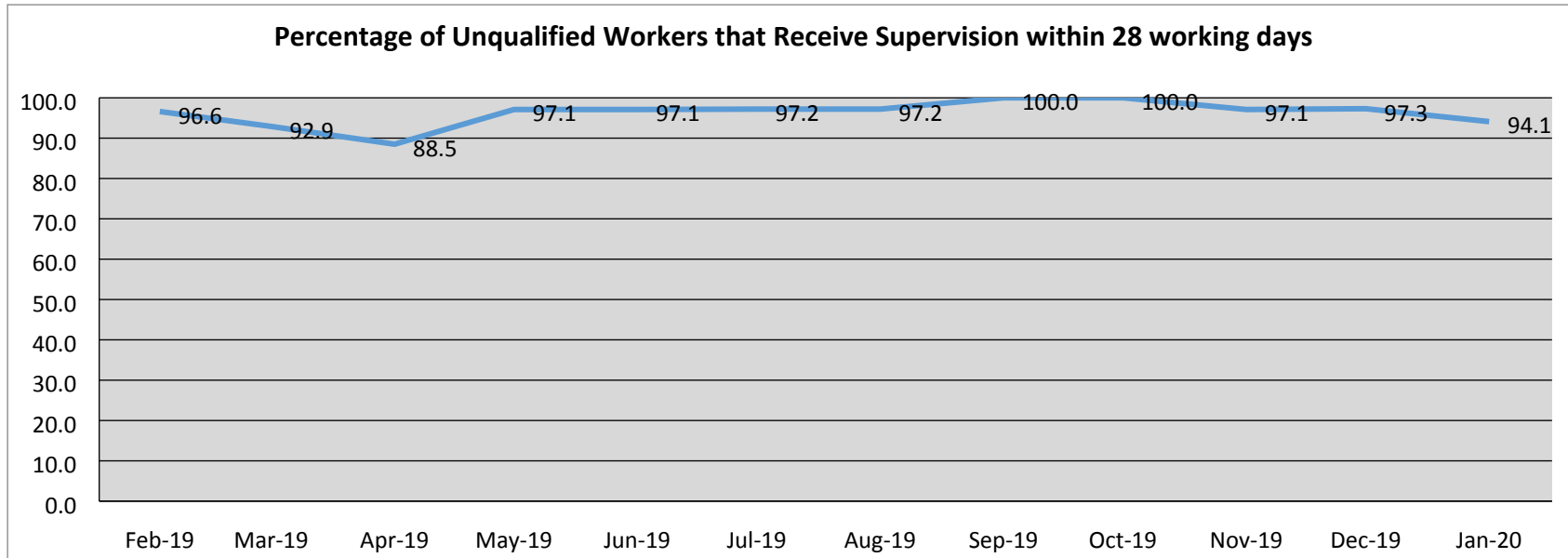
Tudalen29



	<b>Feb 19</b>	<b>Mar 19</b>	<b>Apr 19</b>	<b>May 19</b>	<b>Jun 19</b>	<b>Jul 19</b>	<b>Aug 19</b>	<b>Sep 19</b>	<b>Oct 19</b>	<b>Nov 19</b>	<b>Dec 19</b>	<b>Jan 20</b>
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The % of Qualified Workers that receive Supervision within 28 working days	92.8	95.3	92.7	97.0	91	94.1	92.1	97.1	89	95.1	97.2	93.2
Number of workers due Supervision	111	106	109	101	100	103	101	103	100	102	106	103
Of which, were undertaken in 28 working days	103	101	101	98	91	97	93	100	89	97	103	96

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Tudalen30



	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The % of Unqualified Workers that receive Supervision within 28 working days	96.6	92.9	88.8	97.1	97.1	97.2	97.2	100	100	97.1	97.3	94.1
Number of workers due Supervision	29	28	26	35	35	36	36	35	35	35	37	34
Of which, were undertaken in 28 working days	28	26	23	34	34	35	35	35	35	34	36	32

APPENDIX A

- **High Level Measure 6 (Children & Young People Services) – Average Number of Cases held by Qualified Workers across the Service**

As at 31st January 2020	Caseload Information - Qualified Workers, including Deputy Team Managers				
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Average Caseload per Worker
Cwrt Sart	333.0	9.0	127.0	16	14.1
Disability Team	421.5	11.4	160.0	21	14.0
LAC Team	356.5	9.6	147.0	17	15.3
Llangatwg	444.0	12.0	115.0	17	9.6
Sandfields	296.0	8.0	79.0	12	9.9
Route 16	170.2	4.6	55.0	9	12.0
Dyffryn	277.5	7.5	77.0	14	10.3
Intake	407.0	11.0	131.0	17	11.9
<b>Totals</b>	<b>2,916.70</b>	<b>78.8</b>	<b>891.0</b>		
<b>Average Caseload - CYPS</b>				<b>15.4</b>	<b>11.3</b>

Tudalen 31

**Please Note:**

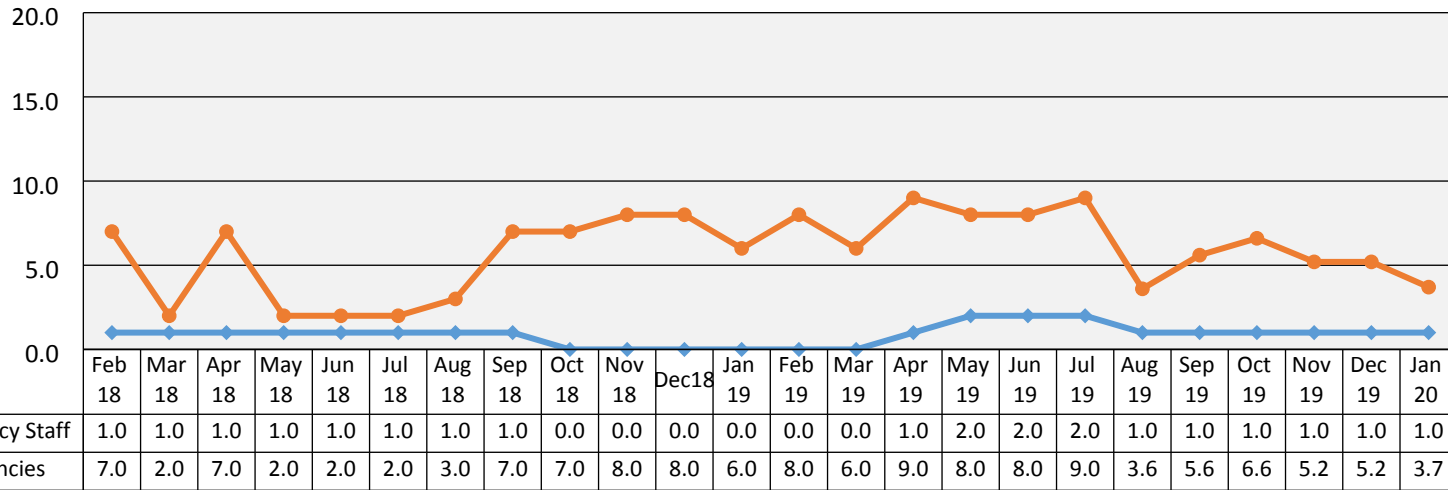
1. Cases held by Deputy Team Managers and Part-Time Workers are included in the above figures.
2. The '*Available Hours*' do not include staff absences e.g. sickness, maternity leave, placement, etc., unless cover has been provided for the post.





**Summary of Agency Staff and Vacancies across the Service**

**Summary of Agency Staff and Vacancies Across the Service  
(Feb 18 - Jan 2020)**



## APPENDIX A

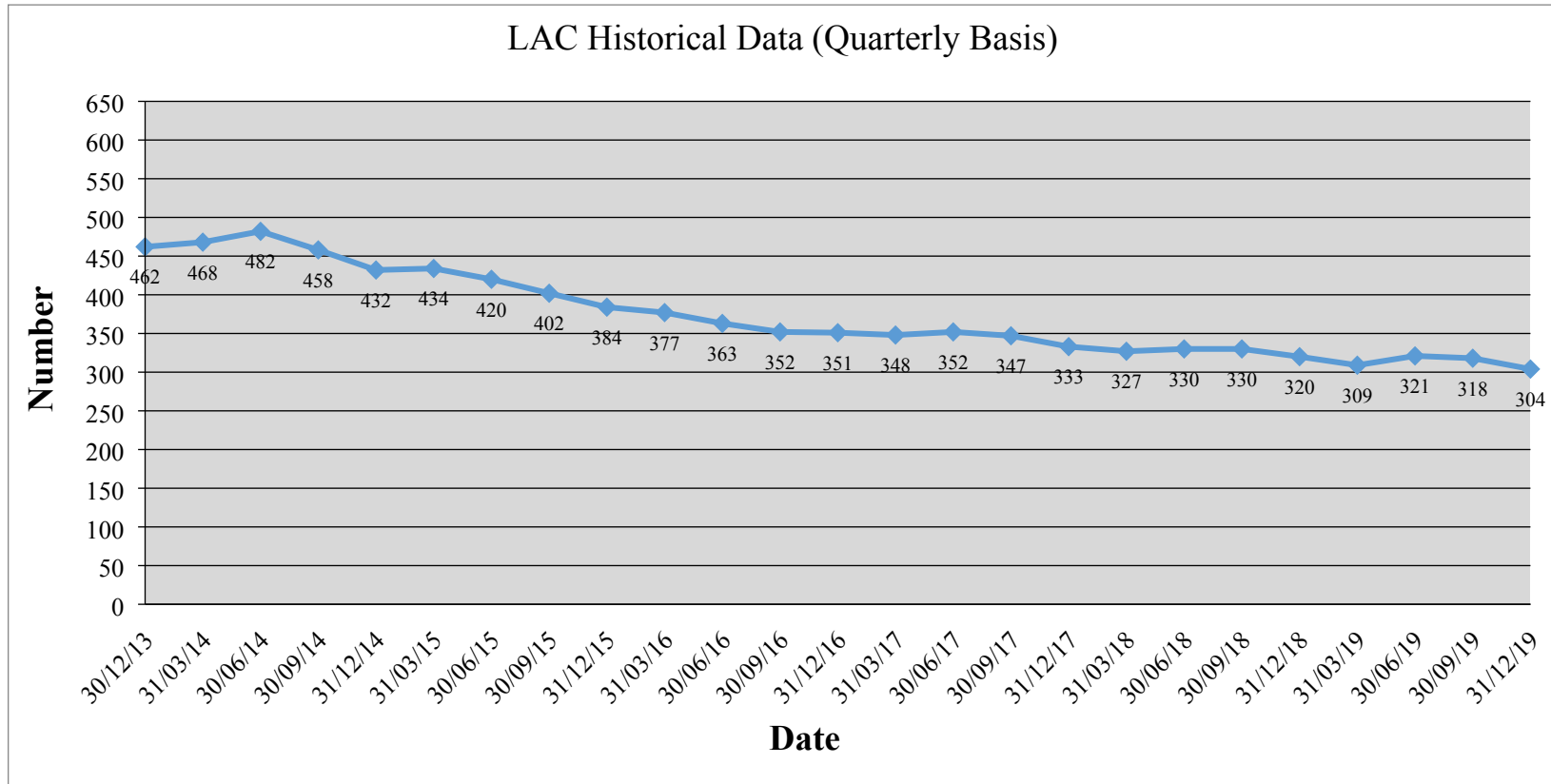
- **High Level Measure 8 (Adult and Children & Young People Services) – Thematic Report on the findings of Case File Audits (reported quarterly)**

There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Adult and Children & Young People Services. The findings of the audit activity undertaken during the **3<sup>rd</sup> Quarter Period (October 2019 – December 2019)** can be seen at **Appendix B** of the 3<sup>rd</sup> Quarter Performance Report to the Social Care, Health & Well-Being Cabinet Board

APPENDIX A

- **High Level Measure 9 (Children & Young People Services) – Number of Looked After Children, Children on the Child Protection Register and Children Receiving Care & Support**

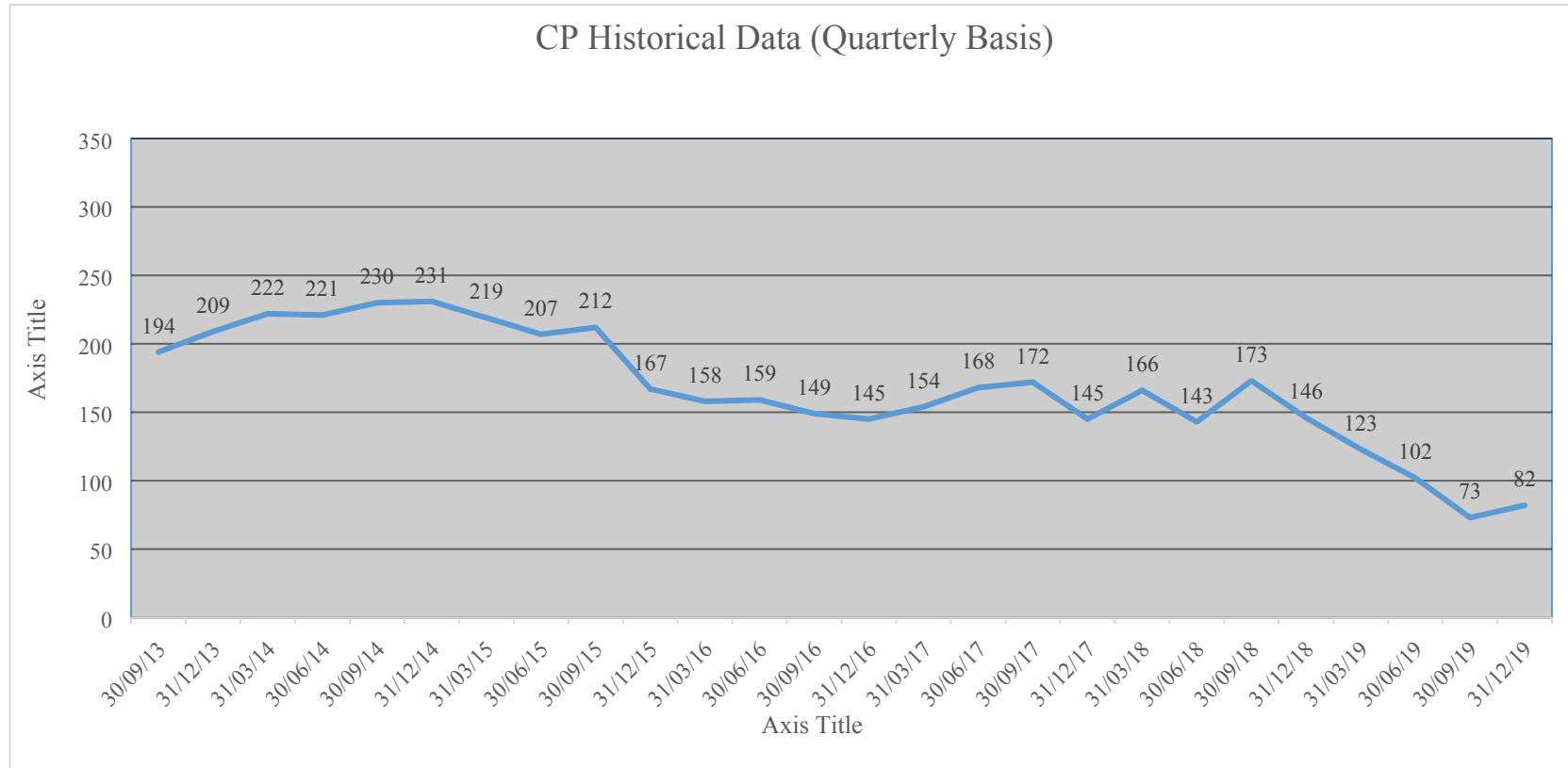
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**Please Note:** The number of Looked after Children as at 31/01/2020 – **307**

APPENDIX A

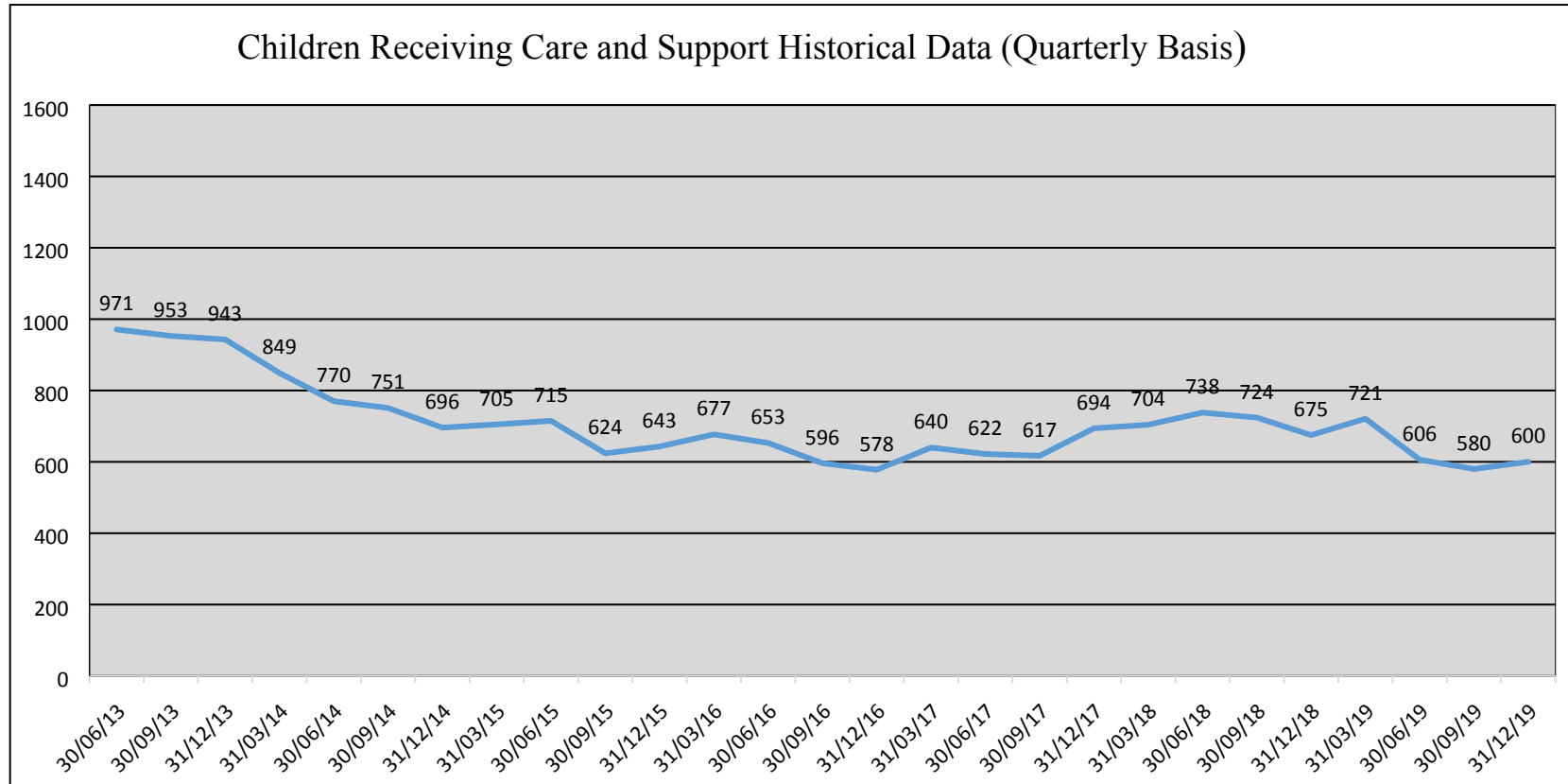
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**Please Note:** The number of children on the Child Protection Register as at 31/01/2020 – 91

APPENDIX A

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**Please Note:** The number of Children Receiving Care and Support as at 31/01/2020 – **616**

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# Appendix B - Quality Assurance Audits

## Quarter 3 – Audit Overview Report

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### *Quality Assurance Audits*

Quality Assurance Audits take place on a monthly basis within Children and Young People Services and Adult Services. This report gives an overview of the thematic audits reported on in quarter 3 of the 2019-2020 period, what is working well, what we will improve and by what methods. This report collates audit activity from across Social Services: Children and Young People Services, Adult Services and Hillside Secure Children’s Home.

Each audit tool devised is circulated to relevant stakeholders in Children’s Services, Adults Services and Hillside prior to audits being completed. Audit days usually take place once a month in the Quays IT room with managers collectively auditing and analysing the themes arising.

### *Audits Completed*

During this quarter we have reported on three thematic audits:

<b>Audit Theme</b>	<b>Cases Audited</b>	<b>Service</b>
<b>Professional Concerns Audit</b> Audit on safeguarding allegations/concerns about practitioners and those in positions of trust	26	Children’s and Adult Services
<b>Medication Administration Audit</b> Audit on how medication is administered in Hillside, how this is recorded, the medication policy and its compliance with national guidance	10	Hillside Secure Children’s Home
<b>Post incident CCTV review of incidents Audit</b> Audit on the review and scrutiny of CCTV footage following any physical restraint of a young person	53	Hillside Secure Children’s Home

### *What are we doing well?*

We’ve identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

#### **In the Professional Concerns audit:**

- In 77% (10/13) of the Children Services cases audited the professional concern/strategy meeting was held within 7 days of the strategy discussion.
- In 85% (11/13) of the Children Services cases audited the strategy discussion clearly recorded why the matter met the threshold for a professional concern/strategy meeting.
- In 100% (13) of the Children Services cases audited the reason for the strategy discussion was not just a copy and paste from the referral.
- In all of the Children Services cases (13) and 92% (12) of the Adult Services cases audited the professional concerns/strategy meeting shared all the relevant information about the allegation/concern

- In 85% (11/13) of the Children Services and 77% (10/13) of the Adult Services cases the professional concerns/strategy meeting considered the likelihood of harm to others
- In 92% (12/13) of the Children Services cases audited the meeting clearly set out actions, responsibility AND timescales
- In 100% (13) of the Children Services cases audited the chair of the professional concerns/strategy meeting provided an analysis of the information shared
- In 100% (13) of the Children Services cases audited the concluding professional concerns/strategy meeting considered the outcome on the balance of probability as defined in the procedures
- In 92% (12/13) of the Children Services and 88% (11/13) of the Adult Services cases audited the professional concerns/strategy meeting confirmed the arrangements regarding who would communicate with the person whom there were concerns about
- In 92% (12/13) of the Children Services cases audited it was evident that the chair of the meeting was sending a letter to the individual whom the concerns were about
- Auditors report good attendance from agencies at the professional concerns/strategy meetings.

**In the Medication Administration Audit:**

- The young person's name (100% - 10), date of birth (92% - 9/10) and medication start day/date (100% - 10) were clearly shown on each Medication Administration Record (MAR) Chart
- In 8 out of the 10 cases audited there was one MAR chart in existence rather than multiple
- In 90% (9/10) of the cases audited you could clearly see who had administered the medication and in every case (10) the day that it was administered
- 90% (9/10) of the audits highlighted that medication was stored in a locked cabinet, the remaining 10% which equates to 1 audit, the question was not answered by the auditor
- In 6 out of the 7 applicable cases where analgesia was administered it was evident this was done by the Duty Manager
- There was a list of sample signatures and names of the duty managers who would administer the medication

**In the post incident CCTV review of incidents audit:**

- A large proportion of the basic information recorded at the beginning of the form is consistently completed by staff
- In 96% (51/53) of the cases audited it is clear who has been involved in the CCTV footage review
- 94% (50/53) of the cases viewed identified that a physical intervention was necessary
- 89% (47/53) of the forms audited identified initial findings with 62% of them being of a positive nature
- 83% (44/53) of the forms identified learning outcomes
- 87% (46/53) of the forms identified some actions to be completed following the CCTV footage review
- 94% (50/53) of the forms showed that all the information was included on the bottom of the form in respect of the names provided, 94% (50/53) showed the signatures of said staff and 92% (49/53) had a date recorded.



### *What will we improve over the three audits completed?*

1. We will improve the consistency between the Children's IT system and the Adult's IT system	Professional Concerns Audit
2. We will evidence on the system the course of action that was agreed with a Principal Officer when making decision on the course of action to be taken	Professional Concerns Audit
3. We will ensure that the strategy discussion identifies or makes reference that the manager has considered if the individual the concerns are about has any caring responsibilities.	Professional Concerns Audit
4. We will ensure that for any actions identified there are named individuals responsible identified along with dates for completion.	Professional Concerns Audit
5. Auditors reported that in just over half of the Adult Services cases audited the meeting did not provide a clear enough analysis of the information shared at the meeting and the meetings were not concluding the process with one of the four outcomes stipulated within the procedures.	Professional Concerns Audit
6. In Adult Services we will ensure that the chair indicates within the minutes/actions that they are sending a letter to the individual who the concerns are about.	Professional Concerns Audit
7. In both Children Services and Adult Services actions follow up specifically following the case closing to the professional concerns arena were limited.	Professional Concerns Audit
8. Basic information fields to be fully completed such as allergies, doctor, period of days, end day/date of medication.	Medication Administration Audit
9. We will review the MAR chart itself and consider using a high grade paper to ensure that it doesn't get damaged	Medication Administration Audit
10. All signatures to be included on the sample signature and name sheet, as one signature was missing	Medication Administration Audit
11. We will review the policy and the forms in use as It wasn't always clear if any "over the counter" medication had been administered on the houses	Medication Administration Audit
12. We will ensure that there is context around "PRN" medication (as required)	Medication Administration Audit
13. All errors on the medication charts must be signed by the individual administering the medication	Medication Administration Audit
14. The current Health Arrangement Policy indicates that each young person should have a Medical Reference Card on admission, however the audit indicated that this information was not available at the audit or there was no reference card, this needs to be reviewed with the policy	Medication Administration Audit
15. Auditors highlighted that there should be a signature box and a countersignature box for the writing of a MAR chart, this needs to be incorporated on the revised chart	Medication Administration Audit
16. On some of the MAR charts, auditors highlighted that there were gaps on the chart, there should be a coded reason if medication was not given	Medication Administration Audit

17. Regular spot checks on the MAR charts to take place and regular stock takes of all medication	Medication Administration Audit
18. Auditors also felt that more structure is needed to be put in place around the information that goes with the young person when they leave Hillside about the medication they have been taking and the medication they are currently on	Medication Administration Audit
19. Hillside to consider where important health information should be stored e.g. results of blood tests etc, this can be done as part of the policy review	Medication Administration Audit
20. A focussed learning event with the individuals responsible for administering medication to be held. This event will be an opportunity to have in depth conversations on the reality and practicality of administering medication in Hillside	Medication Administration Audit
21. A nurse experienced in the side effects of medication to be contacted to provide a session to staff on the side effects of medication, this will ensure staff have a greater understanding of how medication can affect the young person on a day to day and long term basis	Medication Administration Audit
22. It was evident from the forms that we need to be more specific in the details we are trying to obtain. To assist with this we need to devise one form that all the reviewers will use to promote consistency in the service	CCTV Review Audit
23. Although the majority the forms clearly showed 2 people undertaking the audit, they were mainly the same 2 people. A new procedure has been agreed in that the Behaviour Management Co-ordinator plus 1 worker will take on this role going forward as they are impartial to the houses.	CCTV Review Audit
24. Both positive and negative findings need to be specifically highlighted where appropriate. If there are no negative findings advise why they have not been found (shows that you have been looking)	CCTV Review Audit
25. Clear discussions need to be recorded of evidence in respect of Safeguarding, Health, Safety and Training of the staff being reviewed. If there is nothing to record then state this under each heading	CCTV Review Audit
26. Clearer actions to be noted such as who is going to speak to staff, when will this be done and how will it be reviewed.	CCTV Review Audit
27. From the audit it was identified that there is no section for staff to have their views recorded following the feedback they receive	CCTV Review Audit
28. It was clear from the documents reviewed that we have a number of similar forms in circulation. The ones used for this audit didn't have the SMT audit form attached, therefore once the form has been reviewed all previous copies are to be removed from the offices	CCTV Review Audit

### *How will we do this?*

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker

- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Outcome Focussed, Quality Assurance and the Practice Improvement Groups
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

### *What have we learned?*

In this quarter we held a joint Adult and Children Services audit on Safeguarding which considered cases where there were concerns about a professional in a position of trust. As Safeguarding Managers in Children and Adult services are using different systems this has identified the need to combine the two to ensure there is consistency across both services. This audit has provided a basis to make the necessary changes to the system and working practices.

In the Medication Audit in Hillside, the audit was the opportunity to identify how Hillside administers medication in line with their own policy and how the policy aligns with national guidance. Whilst it was recognised that improvements had been made recently in the administration process the resounding theme arising from the audit is that the policy needs to be reviewed taking into account NICE (National Institute for Care and Health) Guidelines on administering medication in care homes.

The post incident CCTV review audit was a follow up to a previous audit where we looked at the incident forms, this previous audit highlighted the need to look at the manager oversight of physical interventions. This audit highlighted areas that were working well such as the information in the first part of the form being consistently completed and also revealed areas that were not working so well such as there being clearer outcomes and actions from the CCTV footage review.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved, this is done either on a 1:1 basis or through group sessions.

### *Next Steps?*

Our effective auditing process is identifying key themes on good practice and areas we will improve. Post audit we have mechanisms in place for following through on actions identified. Any actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed, this allows us to monitor desired outcomes and progress. This gives a transparent view what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the appropriate teams within Social Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed.

***Mel Weaver***

***Quality, Performance and Practice Manager***

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**Social Care, Health and Wellbeing Scrutiny Committee  
Forward Work Programme 2019/20**

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Officer</b>
5 September 2019	Youth Offending Service and Action Plan Report – Quarterly Update	Andrew Jarrett
	Quarterly Performance- Priority Indicators- Quarter 1	Angela Thomas
17 October 2019	<i>Autism Position Report- deferred to December</i>	
5 December 2019- <b>POSTPONED TO 19<sup>th</sup> December</b>	Quarterly Performance- Priority Indicators- Quarter 2	Angela Thomas
	Autism Position Report: -Council Policy on Autism -Welsh Guidelines on Autism	Andrew Jarrett

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	-NPT data	
23 <sup>rd</sup> January 2020	<b>SPECIAL BUDGET SCRUTINY</b>	<b>ALL</b>
30 January 2020	Direct Payments: <i>Deferred to 12<sup>th</sup> March</i>	
	Rota Visits Update	Gill Lawson
12 March 2020	Direct Payments Position Report <ul style="list-style-type: none"> <li>• Process of application</li> <li>• Monitoring of process and data</li> <li>• Performance Monitoring</li> </ul> Lessons learnt and case studies	Angela Thomas
	Quarterly Performance- Priority Indicators- Quarter 3.	Angela Thomas

30 <sup>th</sup> April	Homelessness- data and situation report	Angela Thomas
4 <sup>th</sup> June	Complaints Case Studies	Leighton Jones

To be built in:

- Autism Strategy
- Distances, journeys and issues experienced from the 'Remodelling and Relocation of Complex Needs Day Services' Angela Thomas (September 2020)

Task and Finish Sessions:

- Hillside - How do the Police work with Hillside
  - Incidents
  - Feedback
  - Partnership and Reporting
- Post Scrutiny Review – Closure of Day Care Centres

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