

# Audit and Risk Panel

Tuesday, 3rd June, 2025

## MEETING OF AUDIT AND RISK PANEL

Members present: Councillor R. McLaughlin (Chairperson);  
Alderman Rodgers,  
Councillors Hanvey, Groogan and McKeown; and  
Mr. D. Wilson (External Member).

In attendance: Ms. N. Largey, City Solicitor/Director of Legal and  
Civic Services;  
Ms. C. Sheridan, Director of Human Resources;  
Mr. T. Wallace, Director of Finance;  
Ms. C. O'Prey, Head of Audit, Governance and Risk  
Services;  
Mr. M. Whitmore, Audit, Governance and Risk  
Services Manager;  
Mr. L. Mulholland, Audit, Governance and Risk  
Services Manager;  
Ms. E. Eaton, Corporate Health and Safety Manager;  
and  
Ms. C. Donnelly, Committee Services Officer.

Also attended: Mr. D. Campbell, Northern Ireland Audit Office.

### **Election of Chairperson**

Moved by Councillor McLaughlin  
Seconded by Councillor Hanvey, and

Resolved – “That Councillor McLaughlin be elected to serve as Chairperson for the Audit and Risk Panel until the date of the Annual Council Meeting in 2026.”

### **Apologies**

No apologies for inability to attend were reported.

### **Minutes**

The minutes of the meeting of 4th March, 2025, were approved by the Panel.

### **Declarations of Interest**

No declarations of interest were reported.

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**Absence Rates Y/E March 2025**

The Director of Human Resources provided the Panel with an overview of the following report:

**1.0 Purpose of Report or Summary of Main Issues**

- 1.1** The purpose of this report is to inform the Audit Panel of the Council's performance in managing absence at the end of quarter four, April – March 2025.

**2.0 Recommendations**

- 2.1** The Audit Panel is asked to note the contents of this report.

**3.0 Main Report**

**3.1 Key corporate indicators:**

At the end of quarter four:

- The Corporate target for 2024/25 was 16.23 days per full time equivalent (FTE). The Council's average sickness absence rate stands at 14.58 days per FTE, a significant decrease of 2.42 days compared to absence for the same period last year (17 days).
- A total of 33135.4 working days were lost due to sickness absence. This accounted for 6.48% of the total working days available.
- The table below provides a summary of how departments performed against the target. Three departments did not meet the corporate target of 16.23 days for quarter four.

Department	Total days lost (FTE)	Number of employees (FTE)	Average number of days lost per FTE	Variance	% of work force	% of absence
City and Neighbourhood Services	21785.21	1324.16	16.45	0.22	58.26%	65.75%
City and Organisational Strategy	891.17	89.61	9.94	-6.29	3.94%	2.69%
Corporate Services	594.8	127.73	4.66	-11.57	5.62%	1.80%
External Affairs Comms & Marketing Dept	162.59	26.91	6.04	-10.19	1.18%	0.49%
Finance	242.68	46.74	5.19	-11.04	2.06%	0.73%
Human Resources	285.22	32.55	8.76	-7.47	1.43%	0.86%
Legal and Civic Services	2839.63	159.6	17.79	1.56	7.02%	8.57%
Place and Economy	4072.87	348.01	11.70	-4.53	15.31%	12.29%
Property and Projects	2261.23	117.36	19.27	3.04	5.16%	6.82%
Grand Total	33135.4	2272.67	14.58	-1.65		

**Additional Absence information:**

- There was an increase in the number of staff with no absence this year (42.68%), compared to last year (41.78%).
- There has been a significant decrease of 13% in absence classified as long term (20+ days) this year (23045.53 days) compared to the same time last year (26508.72 days).
- The number of days lost per FTE decreased in quarter four (3.67 days) when compared to quarter three (4.06 days), see figure 1.
- Depression/anxiety/stress (31.33% of total days lost) and musculo-skeletal (26.79% of total days lost) continue to be the top two reasons for absence. Refer to figure 2 for further information.
- From 1 April 2024 to 31 March 2025, 2,717 cases of sickness absence were recorded. Discretion was reported as having been applied to 387 of these cases (14.2%) and accounted for approximately 25.86% of the total absence for 2024/25. Refer to figure 3 for further information.
- Issues were identified in how absences were being managed in 143 cases. These were discussed in detail with departments during quarter four. Refer to figure 4 for further information.
- Approximately 24.29% of absence (8049.08 days) is recorded as disability related. 64.4% of disability related absence was managed as long term. Employees who reported absence with depression / anxiety (30%), chronic back condition (15.4%) Osteoarthritis (9%) accounted for over half (54.4%) of all disability related absence days. Refer to figure 5 for further information.
- 20 employees met the trigger for a Stage four/ final absence hearing (FAH):.
  - Four employees were ill health retired (IHR) prior to their hearing being convened.
  - Discretion was applied to four cases where a decision was taken not to proceed to hearing:
    - one case was due to the employees returning to work at month six.
    - one case was due to an employee undergoing cancer treatment.
    - one case was due to an industrial injury.
    - one case involved work related stressors.
  - Two employees resigned before their hearing convened.
  - Two cases are due to be heard in May 2025.

- Five cases proceeded with one employee given a final opportunity to improve their attendance and another employee was granted a career break to assist their long-term recovery from surgery and treatment. Three employees were dismissed.
- A decision was taken not to proceed three cases to hearing as additional medical information was required.
- Throughout the year, a total of 35 employees were dismissed due to absence (eight by way of stage four/FAH and 27 by way of IHR). This was an increase of five cases when compared to 2023/24.

**3.3 Departmental improvement plans and Absence reporting to DMT:**

Corporate HR (CHR) has reviewed all the departmental improvement plans for quarter four. Overall, meaningful information, updates and progress reports were provided by the departments.

However, City and Neighbourhood Services (CNS) has, again, resource issues in carrying out the analysis required for the improvement plan.

All absence dashboards were returned for January, February and March 2025.

CHR will review departmental improvement plans for 2025/26. A progress report on how departments are implementing and monitoring its 2025/26 improvement actions will be provided to CMT at the end of quarter one 2025/26.

**3.4 Conclusion**

There was a significant reduction in sickness absence in 2024/25 when compared to 2023/24.

The Council's top two reasons for absence ,Stress / Depression / Anxiety and Musculoskeletal, remain but were reduced by 17.5% and 6% respectively. This reduction equated to over 2,700 FTE working days.

It should be noted that whilst three departments did not achieve the corporate target of 16.23, there were substantial reductions in departmental absence. CNS absence decreased by almost 3 days per FTE when compared to 2023/24 (16.45 days to 19.41), Legal and Civic Services decreased by over 5.5 days per FTE from

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**23.26 days in 2023/24 to 17.79 days in 2024/25. Property and Projects decreased by over 5.5 days per FTE from 23.26 days in 2023/24 to 17.79 days in 2024/25.**

**A key area of focus for all departments in 2025/26 will be to ensure consistent application of the Attendance Policy – particularly in relation to the use of discretion and the scheduling of absence hearings in accordance with the Policy.**

**Since the launch of the Health & Wellbeing (H&WB) Strategy, in April 2024, there has been a marked increase in health & wellbeing activity.**

**The H&WB programme delivered 94 events attended by 1,367 staff. CHR was supported by Internal Communications to help promote and increase awareness to all staff including those at frontline locations. A quarterly Wellbeing and Development email is sent to all staff directly and a 'Wellbeing Wednesday' Interlink article promotes topics and events each week, which are also displayed on "big screens" across various council locations Activity is also promoted via a team of Wellbeing Champions. The programme and wellbeing hub "Staywell" is promoted via posters on staff noticeboards.**

**Thirteen sessions of stress awareness and positive mental health training was attended by 124 staff. Promotion of different wellbeing themes such as Mental Health Week and Men's Health Week were used to specifically promote cancer awareness sessions including two webinars on bowel cancer with 63 staff attending.**

**CHR partnered with Business in the Community to deliver its 'Healthier You' range of webinars which focus on musculo-skeletal issues and included topics such as Spinal Health, Osteoporosis, Healthy Eating and Movement.**

**CHR led a Stop Smoking campaign with the PHA and Cancer Focus. A number of staff have already stopped smoking with the support provided and others are still completing the programme.**

**For frontline staff, the Keeping Well van attended five CNS sites with a total of 74 staff receiving a 30-minute health check. From these, several GP referrals were recommended. 44 staff have attended health checks for**

office-based staff. A further three CNS site visits have been booked for 2025/26.

The Council's H&WB programme is supported by our Learning and Development programme with 47 staff attending the Understanding the Attendance Policy sessions. Corporate HR delivered ten sessions on management skills attended by 105 staff, notably; Skills for Performance Management; Dealing with Difficult Conversations and Conflict Resolution within your Team.

A dedicated area for line managers has been included on Interlink with information, policies and guidance to help them support their teams.

Leading the Way and Active Travel events and initiatives continue to be available and well supported as we continue to work with Sustrans and partners to introduce active travel initiatives.

In addition, the Council was awarded the Level 3 PHA Take 5 Award for our comprehensive approach to employee health and wellbeing across the Council.

#### **2025-2026**

CHR will continue to raise awareness of stress, mental health and musculoskeletal support and plan a specific focus this year on addiction and suicide awareness. Plans are in place to expand the Council's team of wellbeing champions and to help increase awareness among frontline staff, signpost to the extensive support available to them and encourage participation. A blood donation session for staff and members is planned for 18 June in Great Hall, City Hall and all staff and members are being encouraged to attend.

### **3.5 Target**

The corporate target for 2024/25 was 16.23 days. The Council's absence figure for 2024/25 was 14.58 days. This was a reduction of approximately 10%.

It is proposed that the Council strives to maintain its current absence rate and the target should be set at 14.58 days.

### **4.0 Resource Implications**

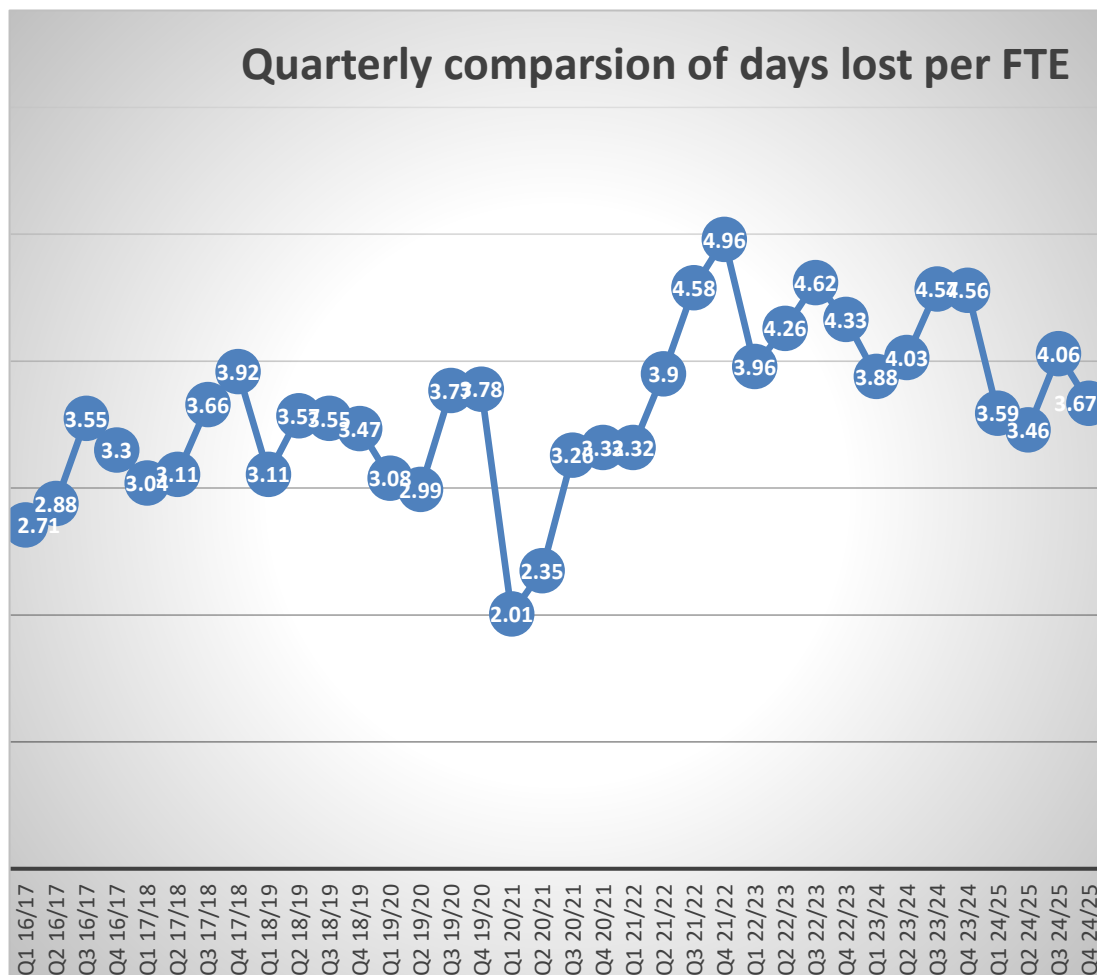
4.1 Directors are asked to ensure that:

- Resources are in place to ensure that adequate monitoring and review is in place at department level.

5.0 Equality and Good Relations Implications

- 5.1 Approximately 24.29% of absence (8049.08 days) is recorded as disability related and 64.4% of disability related absence was managed as long term.

**Figure 1:**



**Figure 2:**

Reason for absence:	Total days	% of total days
Stress. depression, anxiety	10382.63	31.33%
Musculo-Skeletal	8875.78	26.79%

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Stomach, digestive, etc	3383.22	10.21%
Infections, inc colds & flu	2678.56	8.08%
Heart, blood press, circ, etc	1746.91	5.27%
Neurological, inc headaches	1503.36	4.54%
Other	1142.61	3.45%
Chest and respiratory	974.11	2.94%
Genito-urinary, inc menstrual	741.41	2.24%
Infections, Covid19	698.12	2.11%
Eye, ear, nose & mouth/dental	628.25	1.90%
Pregnancy related	360.44	1.09%
Indust/Eye, ear, nose & mouth	20	0.06%
Totals:	33135.4	

**Figure 3:**

<b>Reason for discretion</b>	<b>Total days</b>	<b>% of total</b>
Disability / Underlying medical condition	363.13	18.00%
Planned Surgery and recovery	322.96	16.00%
Bereavement	241.56	11.97%
Industrial injury	184.47	9.14%
Hospitalisation	157.05	7.78%
Significant personal stressor	126.5	6.27%
Ongoing employee relations matters	125.77	6.23%
Emergency domestic responsibilities	118.76	5.89%
Pregnancy / Maternity related	81.25	4.03%
Mental Health	70.95	3.52%
Persistent absence; after a period of long term absence where an underlying condition has been identified.	62	3.07%
Ongoing ER / Legal matter	61.76	3.06%
Applied against Dept HR advice	53.85	2.67%
Previous long service and clear record	35	1.73%
Work related incident	12.91	0.64%
Grand Total	2017.92	
Total days lost in quarter four (January to March 2025)	8201.17	
% of total days lost where discretion applied in quarter four	24.61%	



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Average days off per occurrence of discretion in quarter four	21.6981	
Total days lost where discretion was applied in 2024/25	8569.31	
% of total days lost between April 2024 and March 2025 where discretion was applied	25.86%	

**Figure 4:**

<b>Department</b>	<b>Number of cases</b>
City and Neighbourhood Services	90
City and Organisational Strategy	1
Corporate Services	4
External Affairs Comms & Market	0
Finance	4
Human Resources	0
Legal and Civic Services	16
Property and Projects	14
Place and Economy	14
<b>Total</b>	<b>143</b>

The Panel requested that its thanks be passed on to the departments and the HR teams for the work undertaken to achieve the 2025 target, noted the content of the report and agreed to recommend to the Strategic Policy and Resources Committee that the corporate target for 2025/26 be set at 14.58 days.

**Corporate Health and Safety Performance Report**

The Corporate Health and Safety Manager provided the Panel with an update on the corporate health and safety performance and activities for the quarter ending 31st March, 2025.

She updated the Panel on progress against key performance indicators, employee and non-employee accidents and health and safety statutory agency enquiries and correspondence, she summarised the following health and safety data:

- Outstanding high priority actions;
- Outstanding fire actions;
- Outstanding health and safety actions; and
- Accident trend analysis.

She summarised three new health and safety statutory agency enquiries and one follow up that had been received from the Health and Safety Executive

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Northern Ireland (HSENI) and provided the Panel with an overview of the Health and Safety Assurance Board activity during 2024/25.

Following a suggestion from the Chairperson (Councillor R. McLaughlin) and, recognising that the Directors of Legal and Civic Services, Finance, HR, Corporate Services and City and Organisational Strategy attend the Panel regularly, the Panel agreed that the Strategic Directors for other departments be requested to attend one future meeting of the Panel to provide a departmental health and safety update.

The Panel requested that AGRS bring a paper to their next meeting with a schedule of when the strategic directors would attend the Panel in 2025/26 and noted the report.

**AGRS Progress Report May 2025**

The Audit, Governance and Risk Manager provided an overview of the Service's activity for the period from March 2025 to May 2025 and reported that the following eight assurance assignments had been finalised and provided the Panel with a summary of each:

- Government Procurement Cards;
- In Cab Technology;
- Police and Community Safety Partnerships;
- Planning Application and Decision-Making Process;
- Births, Deaths, Marriages and Civil Partnerships;
- Corporate Complaints;
- Payroll Data Analytics; and
- Year End Stock Take.

He explained that 80% of the planned activity within the delivery of the 2024/5 audit plan was either underway or completed and that the unit was continuing to provide advice and consultancy services to management and summarised work which had been undertaken by AGRS from March to May, 2025.

He informed the Panel that there were no ongoing fraud cases and that initial enquires were underway into a number of concerns that had been raised and that the Panel would be updated in due course.

The Audit, Governance and Risk Manager reported that management had requested the deferral of three audits which were in the 2024/25 Audit Plan. He explained that the request for the corporate risk on Health and Safety be deferred until 2026 due to ongoing resourcing issues within the Corporate Health and Safety Unit which had been directing its focus on high priority reactive work and could only provide limited assurance over the arrangements in place for the review, update and oversight of policies, codes of practice and the implementation of agreed audit actions. He stated that management were exploring a number of options to address the resource issues.

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He reported that management had requested the planned audit of Community Services Provision be deferred due to two significant pieces of work which were underway and a further request to defer the planned internal audit of the management of the corporate risk on Bereavement Services until completion of a service review and subsequent recruitment.

Following discussion, the Panel agreed to the requests by management to defer the internal audits of:

- Corporate risk on Health and Safety;
- Community Services Provision; and
- Corporate risk on Bereavement Services.

The Panel requested that AGRS report to the Panel in six months, with an update from management on the current position regarding the matters that have given rise to the requests for deferral of these audits, with a view to agreeing an indicative timeframe for commencing these audits.

**Analysis of Open Audit Actions**

The Audit, Governance and Risk Manager provided the Panel with an update following a further analysis of outstanding audit recommendations and the reasons which had been provided by management for the ongoing delays in their implementation.

He stated that, given that many of the recommendations had been outstanding for a number of years, it was likely that there would have been a combination of reasons for delays in implementation at various points in time, therefore the analysis was based on the understanding from the latest management update provided.

He outlined the following reasons for delay of implementation of the 146 outstanding recommendations:

- Resource pressures;
- Dependency on IT system ;
- Multiple reasons / no response ;
- Complex action ;
- Priorities ; and
- Potential close .

He highlighted that the most frequently cited reason for ongoing delay was pressures on resources and that it had been consistently stated across all departments except Human Resources and most prevalent in Legal and Civic Services. He stated that this could be attributed to known resourcing issues in the Information Governance Unit and Health and Safety.

He pointed out that the next most commonly stated reason for delay in implementation was departments awaiting the implementation of new IT systems which would then allow the outstanding recommendations to be addressed and he stated that

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projects to implement new IT systems were often more complex and time consuming than originally intended, and that anecdotally there had been repeated issues with suppliers delivering the product specified, which had led to further delays.

The Audit Governance and Risk Manager explained that 16 actions had been delayed due to the complexities associated with implementing or agreeing new strategies or projects and that 13 actions had been delayed due to management focusing on other priorities ahead of implementation of audit actions.

He broke down the analysis by priority and explained that the reasons for delay had been analysed in the context of the priority rating of the action and found that the reasons for delay remained relatively consistent across the priority levels and he provided an overview of the impact and consequences of ongoing delays.

He stated that each Director had been provided with information on the audit actions that were open by department and the analysis of the reasons why those actions had not been implemented. He asked the Panel to consider the next steps required to improve performance regarding the prompt implementation of agreed audit actions and to consider the date of the next full validation exercise.

The Audit, Governance and Risk Manager agreed, at the suggestion of a Member that, when categorising the reasons for the delays in implementation, 'multiple reasons' should be a separate category from 'no response'.

The Panel agreed to request an update from management on the action that was being taken to manage the issues that were delaying the implementation of audit actions and to remind Chief Officers of the importance of prompt implementation of audit actions.

The Panel agreed that the next full validation exercise would take place during December / January for reporting to the February / March 2026 meetings of the Board / Panel.

**Corporate Risk Management**

The Head of Audit, Governance and Risk Services outlined the following report to the Panel:

- 1.0     Purpose of Report or Summary of main Issues**
- 1.1     To present the Audit Assurance Board with the Corporate Risk Dashboard summarising the key updates from the risk review for the year-end March 2025.**
- 1.2     To update the Board on compliance with the Risk Strategy, based on the assurance statements for year-end March 2025, completed by senior management.**

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**1.3 To provide the Audit & Risk Panel with an update on business continuity management arrangements.**

**2.0 Recommendations**

**2.1 The Panel are asked to:**

a) Note the corporate risk management dashboard and agree the updates for year-end March 2025.

b) Note the assurances from senior management regarding compliance with the Risk Strategy, based on the assurance statements for year-end March 2025.

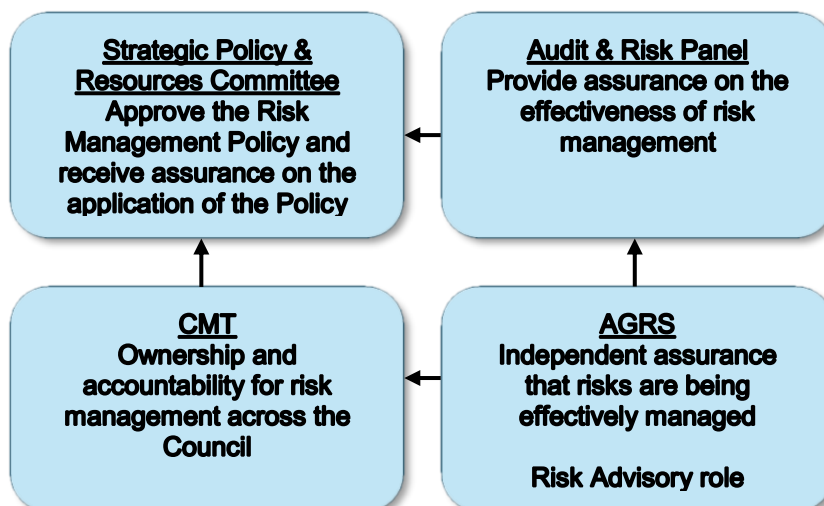
c) The current position regarding review and update of business continuity plans for the critical services.

**3.0 Main Report**

**Summary of BCC Risk Management Arrangements**

**3.1 The aim of our Risk Strategy is to improve our ability to successfully achieve our objectives and deliver services to the communities to which we are accountable, by having a clear understanding of the key risks that could prevent us from delivering our priorities and putting in place measures to manage these risks.**

An overview of the respective risk management responsibilities of the Strategic Policy and Resources Committee, the Audit and Risk Panel, the Corporate Management Team (CMT) and AGRS is outlined below:



**Corporate Risk Management update for year-end March 2025**

**3.2** AGRS has met with risk owners to support them in their quarterly review of the corporate risks. The information from these meetings was used to prepare the Corporate Risk Management Dashboard for the year-end March 2025 which sets out:

- Corporate risk analytics – risks reviewed, risks by category, risks within risk appetite, risk actions implemented / not yet due / overdue, movement in risk assessment
- Key corporate risk updates for the quarter
- For each corporate risk, a summary of progress made to manage the risk and actions implemented in the quarter

**3.3** The Panel is asked to note the following corporate risk updates:

- There have been no changes to the risk assessment for any of the corporate risks
- Bereavement Services - while management are confident regarding operational delivery of the service they have highlighted that the effective management of the strategic aspect of this risk is reliant on working in partnership with other departments to progress significant projects.
- Physical Investment Programme - all planned mitigating actions have been implemented. Next quarter, the Director will consider the current risk assessment, whether the target risk rating has been achieved and whether any further action is required to achieve the target risk rating.
- Residential Waste Collection – the risk update reflects that the closed lid policy is being further considered by the People & Communities Committee.
- Port Health - a new action has been agreed to ensure day 1 readiness for transition and commencement of BCC Port Health operations at the new Inspection Facility at Belfast Port (Dargan Drive) scheduled to open in July 2025. Regarding the announcement in May 2025 relating to the UK and EU discussions regarding a future sanitary and phytosanitary (SPS), as more information becomes known, management

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will assess the impact of the future SPS agreement on Port Health arrangements.

- The corporate risk on Asset Management does not yet have a mitigation plan in place. The Director of Property and Projects is the Risk Owner for the corporate risk on Asset Management and for ensuring that a risk action plan will be prepared. This will be informed by the gap analysis against the NIAO guide 'A Strategic Approach to the Use of Public Sector Assets – A Good Practice Guide for Local Government in Northern Ireland' which was completed by AGRS and reported to the Audit and Risk Panel in December 2024.
- Information Governance – the IG Board, who has the overall objective to ensure that information governance arrangements in BCC are efficient, effective and compliant with legislative requirements, has not been meeting regularly, with the last meeting in February 2024. The role of the Board is currently being reviewed in the context of the Governance review.
- Fleadh Cheoil - In March 2025 Comhaltas Ceoltóirí Éireann (CCÉ) announced that Belfast would host the 2026 Fleadh Cheoil na hÉireann, the world's biggest celebration of Irish music and culture. The council will have a crucial role to play in the operational delivery of the Fleadh. The event should deliver major economic value, will involve considerable outlay for the council and will involve significant BCC and stakeholder people resourcing to prepare for the high level of expected visitors. AGRS will facilitate a workshop for the Programme Board to refresh the risk register. Following this refresh, and given the scale and importance of this event, in September the Panel will be in a position to consider whether it would be appropriate for a new risk to be added to the corporate risk register around delivery of the Fleadh, so that there is corporate oversight and visibility of the management of this risk.
- In December 2024, Belfast City Council selected a long-term private sector partner (PSP) to deliver £630 million residential-led, mixed-use, sustainable developments across multiple sites. The initial partnership phase will use strategic council-owned city centre sites with a development value of £280 million, which will deliver mixed tenure homes. The approach aims

to help drive forward city centre living and housing-led regeneration across the city and to allow Belfast City Council to bring forward development at scale with placemaking, people and connectivity at its heart to help meet the city's growth ambitions. This PSP initiative forms part of the current corporate risk on City Regeneration and Development. The Regeneration and Development Division are refreshing the PSP risk register and risk management arrangements to take account of this phase of the project. Following this refresh, and given the importance of this innovative approach, in September the Panel will be in a position to consider whether it would be appropriate for a new risk to be added to the corporate risk register around delivery of the regeneration objectives of the PSP, so that there is corporate oversight and visibility of delivery.

- 16 actions to manage the corporate risks were implemented / closed in the quarter. including:
- The action to deliver whole life cost training has been closed because the Director of Finance is satisfied that scrutiny and challenge of the estimated revenue costs of capital projects is sufficient to ensure that these costs are adequately considered.
- Refresh of BRCD Industrial Framework has been completed.
- Delivery of a senior leadership workshop on the role of data to support corporate decision making.
- The NI Public Data Panel has been set up to drive the innovative use of data with citizens.
- Waste management; efficiency and customer experience improvements through the use of technology and management information; work with Continuous Improvement has been completed to ensure the service is resourced / aligned appropriately and; completion of the review of legacy structure and formation of Operations Hub.
- Consultant appointed to provide Information Governance support to 'Go Succeed'.
- Climate; recruitment of temporary posts; approval of posts to manage the growing programme of work of the Climate Team were approved and; process in place to capture and coordinate climate information.



- **Belfast Stories; governance arrangements for Belfast Stories RIBA stage 2 reviewed and updated, with a Corporate Oversight Group established and chaired by the SRO; and completed the development of Outline Business Case for Belfast Stories.**
- **Agreement has been reached with Invest NI and Department for Economy for a fit-for-purpose approach to business cases for Digital Pillar projects.**
- **Growth proposal for small vehicle service for difficult to access streets was approved.**
- **A set of Customer Service Standards have been agreed for Bereavement Services**

#### **Horizon Scanning**

**3.4 Horizon scanning is built into the quarterly corporate risk management review process and the key themes to emerge this quarter relate to:**

- **The outcome of NI Reval 2026, where all non-domestic properties in Northern Ireland are being revalued for business rates, comes into force from 1st April 2026. Finance will work with LPS to assess the impact on the Council's rate base. In addition, regarding the proposal for a wide-ranging review of the rating system, at this stage only two elements are out for public consultation; the valuation cap and the repayment. There is also uncertainty regarding the funding for the increase in National Insurance Contributions**
- **Impact of tri annual valuation of pension scheme for the year-end March 2025.**
- **Potential for pay pressures given the potential impact of the NJC pay claim made to the Local Government Association for 2025-26, which will be subject to negotiations, particularly given the new BCC pay scales and the increase in employers national insurance contributions.**
- **Potential impact of tariffs on contractor pricing.**
- **Martyn's Law, known as Terrorism (Protection of Premises) Act 2025, has received Royal Assent, Martyn's Law and is expected to have an implementation period of at least 24 months. The Act is intended to improve public safety and protect against the threat of terrorism. Property owners and business operators should consider if any of their properties would be classed as qualifying premises, what tier they would fall into**

and therefore what proportionate protection measures they may have to make (as part of a security risk assessment) and the cost of these. The implementation period should ensure that those responsible for premises and events in scope have sufficient time to understand their new obligations and to plan and prepare appropriately. The City Solicitor and Director of Legal and Civic Services is considering how to take this forward in the context of the current review of security arrangements.

- There is some thought leadership on Corporate Digital Responsibility which refers to a set of practices and behaviours that help an organization use data and digital technologies in a way that is socially, economically, technologically, and environmentally responsible. The council has various arrangements in place that would encompass the principles of CDR including work on the climate action plan, digital strategy, information governance, social value.

**3.5 These horizon scanning activities should:**

- Allow consideration of relevant information and any response that is required.
- Raise awareness of matters that could impact on longer term council and city plans, strategies and priorities.
- Enable Council to influence and challenge thinking on how to address city challenges.

**Annual Assurance Statements on compliance with the risk management strategy**

- 3.6 All Chief Officers and relevant senior managers complete an Annual Assurance Statement which allows them to focus on outlining the significant governance issues facing the Council at the year-end. These statements have been completed by all relevant officers who have confirmed that the arrangements in place for the management of risk and maintenance of internal control systems.**

**Business Continuity Management (BCM)**

- 3.7 The the year-end 2025 position on compliance with the requirements of the BCM policy.**

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- 14 of the 17 critical services completed their BCM exercise
- 13 of the 17 critical services completed their Report on their BCM exercise
- 9 of the 17 critical services completed their Report on the Update of their BCM Plan
- 12 of the 17 critical services completed the update of their Business Impact Analysis

**3.8 Critical Services have been reminded of the need to begin planning how to exercise their BCM plans during 25/26.**

**3.9 The BCM activities for Property Maintenance are not being completed due to ongoing restructuring and resourcing issues. Management expect to be in a position to complete these BCM policy requirements in the latter half of 2025/26 after the structural review, recruitment processes and service improvement work is complete.**

**4.0 Financial and Resource Implications**

**None.**

**5.0 Equality or Good Relations Implications/  
Rural Needs Assessment**

**None known at this time.**

The Panel:

- Noted the corporate risk management dashboard and agreed the updates for year-end March 2025:
- Noted the assurances from senior management regarding compliance with the Risk Strategy, based on the assurance statements for year-end March 2025; and
- Noted the current position regarding review and update of business continuity plans for the critical services.

**Head of Audit, Governance and Risk Services  
Annual Assurance Statement**

The Head of Audit, Governance and Risk Services outlined the following report to the Panel:

**1.0 Purpose of Report or Summary of main Issues**

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**1.1** Each year the Head of Audit, Governance and Risk Services (AGRS) prepares an annual assurance statement. The statement is a professional opinion on the adequacy and effectiveness of the Council's risk, control and governance arrangements, and this opinion is one of the sources of assurance that the council relies on for its annual governance statement.

**1.2** The main purpose of this report is to present the Head of AGRS' annual assurance statement for 2024/25.

**2.0** **Recommendations**

**2.1** The Panel are asked to note the Head of AGRS' annual assurance statement for 2024/25.

**3.0** **Main report**

**Key Issues**

**The Head of AGRS' Annual Assurance Statement**

**3.1** The Head of AGRS' assurance statement is set out at section 2 of the attached report and information to support the opinion provided is provided in section 3 of the report. This opinion is one of the sources of assurance that the council relies on for its annual governance statement.

**3.2** The report reflects the findings arising from audit work during 2024/25 as reported to the Board / Panel on a quarterly basis during the year (through audit progress reports, risk review reports and recommendation monitoring reports) therefore detailed findings / recommendations have not been reproduced in this report. However, a summary of audit reports completed is provided in Section 3 of Appendix A.

**3.3** Our previous years self-assessments against the Public Sector Internal Audit Standards and the CIPFA Statement on the Role of the Head of Internal Audit have been reviewed and updated. The results of both of these assessments have not indicated any compliance issues, which is consistent with the results of the External Quality Assessment reported to the Board / Panel in September 2022.

**3.4** Looking ahead, as of 1st April 2025 the new Global Internal Audit Standards (GIAS) and the Application Note for the Public Sector come into effect and replace

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the Public Sector Internal Audit Standards (PSIAS). I have completed an initial assessment of AGRS conformance with the new GIAS and I can confirm that AGRS conforms with these standards. Some improvement actions have been identified, mainly around ensuring that AGRS can better demonstrate conformance.

**3.5 Financial and Resource Implications**

None.

**3.6 Equality or Good Relations Implications/  
Rural Needs Assessment**

None.

The Panel noted the Head of Audit, Governance and Risk Services' annual assurance statement for 2024/25.

**Code of Governance**

The Head of Audit, Governance and Risk provided the Panel with an overview of the updated Code to the Audit and Risk Panel for review and approval.

She explained that Audit, Governance and Risk Services had facilitated the annual review and update of the Council's Code of Governance in order to ensure that the Council had arrangements in place to address the seven principles of good governance and ensure that the Code reflects new initiatives and changes.

She outlined the main updates to the Code in relation to the following principles:

- Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law;
- Ensuring openness and comprehensive stakeholder engagement;
- Defining outcomes in terms of sustainable economic, social and environmental benefits; and
- Developing the entity's capacity, including the capability of its leadership and the individuals within it.

She stated that the review and update process confirmed that arrangements were in place to address the principles of the Code and had identified the undernoted areas where ongoing improvements were planned:

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- Work is underway to develop the Councils Performance Management Framework;
- Further work on the Medium Term Financial Plan, including efficiency;
- Race Equality Actions will be incorporated into the Corporate Delivery Plan for 2025/26;
- Plans are being made for delivery of Fleadh Cheoil;
- Development of the governance arrangements for the Private Sector Partnership for Strategic Site Development; and
- Governance review being led by the City Solicitor and Director of Legal and Civic Services.

The Panel approved the updated Code of Governance for Belfast City Council.

**Draft Annual Governance Statement 2025**

The Head of Audit, Governance and Risk Services referred the Panel to the Annual Governance Statement for the Council for 2024/25 and explained that the disclosures in the statement were based upon consideration of the Council's corporate risks, significant events and disclosures made by Chief Officers in their individual annual assurance statements.

She pointed out that in May, 2025, CIPFA SOLACE had issued an addendum which advised authorities to ensure that the Annual Governance Statement for 2025/26 onward would comply with the guidance and summarised the following tasks that would be completed in 2025/26 to ensure ongoing compliance under the following headings:

- Core arrangements for the local code;
- Conducting the annual review;
- Review of the content of the Annual Governance Statement; and
- Accountability: Presentation and communication of the Annual Governance Statement.

The Panel approved the draft Annual Governance Statement for the Council for 2024/25 and approved the disclosure of the significant governance issues contained in the statement.

**Fraud and Raising Concerns / Corporate Fraud Risk  
Assessment – Annual Report and Policy Update**

The Audit, Governance and Risk Services Manager reported on the number of cases in which the Council policies for fraud and raising concerns had been applied, the

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nature of the allegations and the outcomes of the subsequent investigations, including actions taken to address underlying issues.

He explained that a register of cases was maintained and that the dedicated raising concerns email inbox was monitored daily and that a significant proportion of the emails received related to service delivery and operational matters which had been redirected to the Customer Hub or relevant department to be addressed.

He reported that the NIAO had recently requested details of concerns raised to the Council, as part of a wider piece of work it was undertaking to examine barriers affecting raising concerns within the public sector and summarised the information which had been submitted.

He reported that, following a review of cash handling processes within Finance, a number of control improvements had been agreed with management to reduce the risk of loss. He stated that one bank mandate fraud attempt had been reported to AGRS during 2024/25 which had been unsuccessful due to vigilance and application of controls by Council officers.

He explained that there were 18 corporate fraud risks within the Corporate Fraud Risk Assessment, that there were mitigation plans in place for each and they had been reviewed and updated by the relevant Directors during 2024/25. He added that, whilst the level of fraud risk remained unchanged, management had proposed several changes which he summarised for the Panel.

He updated the panel on key changes which had been made following the reviews of the Raising Concerns Policy and the self-assessment checklist of the CIPFA Code of Practice for Managing the Risk of Fraud and Corruption (2014).

The Panel agreed the updated Raising Concerns policy and noted the:

- updates on fraud, raising concerns and related cases handled in 24/25;
- annual review and update of the Corporate Fraud Risk Assessment;
- The review of the Self-Assessment against the CIPFA 'Code of Practice on Managing the Risk of Fraud and Corruption'. completed by AGRS.

**Performance Improvement Update**

The Director of City and Organisational Strategy outlined the following report to the Panel:

**1.0 Purpose of Report or Summary of main Issues**

- 1.1 The purpose of this report is to present the Panel with a Quarter 4 performance report of the Performance Improvement Plan (PIP) 2024-25. Building upon the Quarter 4 performance report, a detailed year-end**

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Performance Assessment report 2024-25 will be provided to SP&R on 22nd August 2025 before ratification by the Full Council on 1st September 2025 and publication on the Council website before the statutory deadline of 30th September.

**2.0 Recommendations**

**2.1 The Panel is asked to:**

- i. note the update provided within this report.
- ii. consider and approve the Quarter 4 performance report for 2024-25 (Appendix 1).
- iii. note that a detailed year-end Performance Assessment report 2024-25 will be provided to the SP&R Committee on 22nd August 2025 before ratification by the Full Council on 1st September 2025 and publication on the Council website before the statutory deadline of 30th September.

**3.0 Main Report**

**Background**

- 3.1** Part 12 of the Local Government (NI) Act requires councils to agree improvement objectives on an annual basis and publish these in the form of a PIP, to be published by 30 June. The Act also requires that progress is regularly monitored against the improvement objectives and reported in an annual Self-Assessment of Performance, to be published annually by 30 September. The PIP 2024-25 does not include everything that the Council plans to do that year, but instead focused on a smaller set of performance improvement objectives and priorities.

**Performance Improvement Plan 2024-25 Quarter 4/  
Year-end Performance Report**

- 3.2** The Panel will be aware that in the [2024-25 Performance Improvement Plan](#), agreed by SP&R on the 21st June 2024, we committed to monitoring progress and providing quarterly performance reports to the CMT, the Audit and Assurance Board, the Audit and Risk Panel, SP&R Committee, and the Full Council.
- 3.3** Following an update to the Audit and Assurance Board on 22nd May 2025, the Panel are advised that year-to-date progress, as at the end of quarter 4 is provided in



Appendix 1. In total there are 44 actions and 49 performance indicators (7 statutory and 42 self-imposed indicators). A high-level overview is provided on page 6 of Appendix 1, and is summarised as follows:

#### **Actions**

- **Actions** – all 44 actions are either achieved/complete (28) or partially achieved (16);

#### **Performance Indicators**

- In total there are 49 performance indicators – 7 statutory and 42 self-imposed indicators:
  - Data is not yet available for 1 performance indicator<sup>1</sup>.
  - Please note the data provided for the 7 statutory indicators is provisional and subject to external validation and update.

#### **Performance against target**

- Of the 48 performance indicators which have available data to measure *performance against target*, 87.5% (42) of the performance indicators were either on target or exceeded target (within 1% or better) or were slightly adrift of target (between 1% and 5%);
- Of the 48 performance indicators which have available data to measure *performance against target*, 6 (12.5%) are adrift of target by 5% or more, these are:
  - Customer contact service level (people answered within 120 secs).
  - % of corporate complaints resolved within timeframe.
  - % of corporate complaints with improvement actions.
  - Business start-up and job promotion: number of business plans completed (statutory indicator).
  - Average processing time for major planning applications (statutory indicator).

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<sup>1</sup> Data expected from Carbon Disclosure Project in May 2025.

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- Average processing time for local planning applications (statutory indicator).
- The following performance indicator targets were adrift of target by 5% or more *and* are not showing improvement on preceding years – commentary/ rationale is outlined in Appendix 1:
  - Customer contact service level (people answered within 120 secs).
  - % of corporate complaints resolved within timeframe.
  - Business start-up and job promotion: number of business plans completed (statutory indicator).

**Performance Trend**

- Of the 48 performance indicators which have available data to demonstrate *improvement/trend*, 89.6% (43) have either maintained or showed improvement on previous years;

- 3.4 Based on the current progress against performance indicators and actions, the 6 improvement objectives are on track for achievement. When all data is available, an updated position will be available in the annual Performance Assessment Report, which will be presented to SP&R on the 22nd August 2025 before ratification by the Full Council on 1st September 2025.

**Draft Performance Improvement Plan 2025-26**

- 3.5 The draft Performance Improvement Plan 2025-26 will be presented to the SP&R Committee on the 23rd May, ratified by the Full Council on the 2nd June and published on our website before the 30th June. The Panel will receive quarterly performance reports (from quarter 2 onwards) on progress against the performance improvement objectives 2025-26.

**Next steps**

- 3.6 i. A detailed year-end Performance Assessment report 2024-25 will be provided to SP&R on 22nd August 2025 before ratification by the Full Council on 1st September 2025.

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**4.0     Financial and Resource Implications**

- 4.1     There are no financial or human Resource implications arising directly from this report.**

**5.0     Equality or Good Relations Implications /  
Rural Needs Assessment**

- 5.1     There are no equality/ good relations or rural needs implications arising directly from this report.**

The Panel:

- noted the update provided within the report;
- approved the Quarter 4 performance report for 2024-25; and
- noted that a detailed year-end Performance Assessment report 2024-25 will be provided to the Strategic Policy and Resources Committee on 22nd August 2025 before ratification by the Full Council on 1st September 2025 and publication on the Council website before the statutory deadline of 30th September.

**Annual report from Audit and Risk Panel to  
Strategic Policy and Resources Committee**

The Head of Audit, Governance and Risk Services provided the Panel with an overview of the Draft Audit and Risk Panel Annual Report to the Strategic Policy and Resources Committee.

The Panel requested that a report be brought back to its next meeting to consider whether there would be external experts who could undertake a review of health and safety arrangements within BCC and whether an external review of health and safety arrangements would be of benefit to the Council.

The Panel noted the report.

**Effective Audit and Risk Assurance Committees –  
A Good Practice Guide**

Mr. D. Campbell, NIAO, presented the Panel with the NIAO's Effective Audit and Risk Assurance Committees – A Good Practice Guide.

The Panel noted the Good Practice Guide and the NIAO's recommendation to complete the guide's Self-Assessment Checklist at least annually.

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**Management Update on Internal Audit of  
Communications, Marketing and External Affairs**

The Director of Communications, Marketing and External Affairs provided the Panel with an update on the progress being made to address the issues which had been highlighted in the recent internal audit of Communications, Marketing and External Affairs.

He outlined each agreed action, the timeframe for implementation and the progress made to date on each of the actions.

The Panel thanked the Director for the positive steps taken and noted the report.

**Date of next meeting**

The Panel noted that the next meeting was scheduled to take place on Tuesday 9th September, 2025.

Chairperson