

Audit and Risk Panel

Tuesday, 4th June, 2024

HYBRID MEETING OF AUDIT AND RISK PANEL

HELD IN THE BOARDROOM AND REMOETLY VIA MICROSOFT TEAMS

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

In attendance: Ms. S. McNicholl, Deputy Chief Executive/Director of
Corporate Services;
Mr. J. Tully, Director of City and Organisational
Strategy;
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. L. Mulholland, Audit, Governance and Risk
Services Manager;
Ms. E. Eaton, Corporate Health and Safety Manager;
Mr. M. Whitmore, Audit, Governance and Risk
Services Manager; and
Ms. C. Donnelly, Democratic Services Officer.

Also attended: Mr. P. Barr, Northern Ireland Audit Office.

Election of Chairperson

Moved by Alderman Rodgers,
Seconded by Councillor Verner, 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 2025.”

Apologies

No apologies for inability to attend were reported.

Minutes

The minutes of the meeting of 5th March, 2024, were approved by the Panel.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Declarations of Interest

No declarations of interest were reported.

Absence Rates Y/E March 2024

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

The purpose of this report is to inform the Audit & Risk Panel of the Council’s performance in managing absence at the end of quarter four, April – March 2024.

2.0 Recommendations

2.1 The Audit & Risk 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 Council’s average sickness absence rate stands at 17 days per FTE, a decrease of 0.09 days compared to absence for the same period last year (17.09).
- A total of 36432.89 working days was lost due to sickness absence. This accounted for 7.55% of the total working days available.
- The table below provides a summary of how departments performed against the target. 3 departments did not meet the corporate target of 14.85 days for quarter four .

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Department	Total days lost	FTE:	Days lost per FTE	Variance	% of workforce	% of absence
City and Neighbourhood Services	23403.6	1205.58	19.41	4.56	56.24%	64.24%
City and Organisational Strategy	462.06	84.85	5.45	-9.40	3.96%	1.27%
Corporate Services	1003.17	128.21	7.82	-7.03	5.98%	2.75%
External Affairs, Comms & Marketing	259.44	24.92	10.41	-4.44	1.16%	0.71%
Finance	569.18	46.39	12.27	-2.58	2.16%	1.56%
Human Resources	229.23	31.42	7.30	-7.55	1.47%	0.63%
Legal and Civic Services	3692.63	158.1	23.36	8.51	7.38%	10.14%
Place and Economy	3759.94	340.93	11.03	-3.82	15.90%	10.32%
Property and Projects	3053.64	123.2	24.79	9.94	5.75%	8.38%
Grand Total	36432.89	2143.6	17.00	2.15		

3.2 Additional Absence information:

- There was an increase in the number of staff with no absence this year (41.78%), compared to last year (37.43%).
- There has been an increase in absence classified as long term (20+ days) this year (26508.72 days) compared to the same time last year (24040.23 days).
- Council's average sickness absence rate further reduces to 16.23 days per FTE when COVID-19 related absences are deducted. The average duration of a Covid related absence was approximately 5 working days per FTE. The Council had previously discounted five working days of all sickness absence related to COVID19 (or symptoms) for absence trigger points and potential warnings, however, due to a recent change in advice from PHA and NI Direct, COVID related absences will be managed in the same way as other respiratory infections from 26 April 2024 and in accordance with the Attendance Policy.
- The number of days lost per full time equivalent slightly decreased in quarter four (4.56 days) when compared to quarter three (4.57 days). This decrease is illustrated in figure 1.
- Depression/anxiety/stress (34.89% of total days lost) and musculo-skeletal (25.9% of total days lost) continue to be the top two reasons for absence. Refer to figure 2 for further information.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- From 1 April 2023 to 31 March 2024, 2730 cases of sickness absence were recorded. Discretion was reported as having been applied to 361 of these cases (13.2%) and accounted for approximately 21.17% of the total absence for 2023/24.). Refer to figure 3 for further information.
- A total of 146 cases were identified as having compliance related issues. Refer to figure 4 for further information.
- Approximately 29.56% of absence (10770.3 days) is recorded as disability related, of which, 68.83% was managed as long term. Depression / anxiety (33.75%), cancer (9.56%) and chronic back condition (7.96%) accounted for over half (51.27%) of all disability related absence days. Refer to figure 5 for further information.
- Between April and March 2024, a total of 326 employees were recorded as absent due to COVID19 and accounted for 4.5% (or 1642.31 days) of the total absence in quarter four.
- 13 employees met the trigger for a Stage4/FAH.
 - One employee was ill health retired prior to their hearing being convened.
 - Discretion was applied to four cases:
 - two cases where employees returned at month six.
 - one case was due to an employee undergoing cancer treatment
 - one case did not proceed to FAH on the advice of employee counselling
 - One employee resigned before the hearing convened
 - One case was non-compliant whereby the department did not organise case review at month 5/6.
 - Four cases proceeded with two employees given a final opportunity to improve their attendance and the other two employees applied for a period of unpaid leave to assist their long-term recovery from mental health conditions and treatment.
 - Two cases met the trigger for a Stage 4/FAH in March and the case review / hearing could not be held in Q4.

3.4 Additional analysis requested by Audit Panel:

3.4.1 Analysis of absence by gender:

There can be differences in sickness absence reasons which occur only in people of one gender due to underlying biological factors (for example, prostate cancer in males or uterine cancer in females). The sickness absence reasons which the council records and reports on are detailed in figure 2 and is not linked specifically to gender. It is not possible for a full analysis to be undertaken without a manual exercise which would involve looking at the specific reason an employee is off (taken from personnel files). However, an analysis was undertaken of those employees who were absent due to pregnancy and menopause related absence. The analysis indicated:

- Approximately 0.5% of absence is recorded as menopause which was managed under the standards of attendance.
- Less than 1% of absence is recorded as pregnancy related.
- Employees who reported absence for genito-urinary reasons, inc menstrual accounted for 2.02% of the overall absence.
- The breakdown for genito-urinary absence is 66.07% for females and 33.93% for males.

3.4.2 Analysis of absence by age (figure 6)

The analysis indicated:

- Employees aged between 50-59 accounted for almost one third (31.65%) of the total absence. A further analysis would show the top reasons for this absence is stress/depression/anxiety and musculo-skeletal.
- Employees aged between 40 to 69 accounted for over three quarters (77.6%) of the total absence. This correlates with the total number of employees in the council in this age bracket which is 73%.
- On average, employees between the ages of 60 to 69 were off twice as long per occurrence compared to employees who are aged between 30 to 39. A further analysis would show the top reasons for this absence is stress/depression/anxiety and musculo-skeletal.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- **Over half (54%) of absence occurrences can be attributed to employees between the ages of 40 to 59. A further analysis would show the top reasons for this absence is remains stress/depression/anxiety and musculo-skeletal.**

Interventions to address these matters will be considered as part of the Health and Wellbeing action plan.

3.5 Departmental improvement plans and Absence reporting to DMT:

Corporate HR developed guidance documentation and templates to assist departments with the development of attendance improvement plans and DMT reporting dashboards during the 2022/23 and early 2023/24.

To ensure improvement plans and absence reporting improved, Corporate HR met with departments and provided a detailed overview of how improvement plans should be completed, which included comprehensive examples of what should be included in departmental quarterly updates. A reporting timeline guide was also developed for departments for their updates to both DMT and Corporate HR.

Corporate HR is reviewing departmental improvement plans and will highlight where changes are required and propose additional changes where necessary. A progress report on how departments are implementing and monitoring its improvement actions will be provided to CMT at the end of Q1 2024/25.

3.6 Conclusion

The Council's absence for 2023/24 was 17.0 days against a target of 14.85 days.

Overall, there was an increase of 3.8% in the total days lost when compared to last year (36432.89 days in 2023/24 compared to 35111.45 days in 2022/23). This increase is largely attributable to musculo-skeletal conditions which increased by 14%. The vast majority of musculo-skeletal related absence was non-work related with only 13.61% of this type of absence recorded as work related.

A key area of focus for all departments in 2024/25 will be application of the Attendance Policy – particularly in

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

relation to the use of discretion and the scheduling of absence hearings in accordance with the Policy.

The introduction of enhanced leave provisions in February 2023 had an impact on the year end attendance figure by approximately 1200 days. An update on this analysis will be provided at the 24/25 Q1 absence report.

To support employee health and wellbeing, a total of 40 events were delivered in 2023/24 and attendances at webinars have increased noticeably from the beginning of the year for topics such as ovarian, prostate and bowel cancer awareness.

In addition, Corporate HR promoted a variety of wellbeing themes including Stress Awareness month and Mental Health Week supported by our Staywell Health Hub which signposts to support available. A 'Time to Talk' day was held in February and will continue to be promoted each month this year for mental health awareness with further support provided annually.

The delivery of a Health and Wellbeing Programme of live events and webinars has seen an increase in staff attendance. A quarterly all staff Wellbeing and Development email was introduced to notify staff of the training and wellbeing initiatives that are available.

'Understanding the Attendance Policy' training was delivered to 90 staff, and this is now a mandatory module for all new managers to complete. A more detailed Absence Management course, which will be delivered by Mr Harry McConnell, is currently being developed and is due to be rolled out in early June 2024. Training on Positive Mental Health and Stress Awareness for Managers is delivered on an ongoing basis.

There is also training organised for June to help managers deal with the more challenging aspects of implementing the Attendance Policy.

The Keeping Well van visited 3 CNS sites and 44 frontline staff received a 30 minute health check. The Keeping Well Van will visit a further 3 sites during 2024/25 and this initiative will become a permanent feature of the Health & Wellbeing Strategy.

In the latter part of the 2023/24 a new Health & Wellbeing Strategy was agreed and launched on 10 April. The Strategy was published on Interlink with links to other policies, information and programmes of events. The graphic on the homepage was revamped and a 'Wellbeing Wednesday' branding was introduced and this will be used to promote future events.

A network of Health & Wellbeing Champions was established to promote positive Health & Wellbeing, signpost staff to sources of help and advice, provide ideas for future topics/themes, monitor, and review the strategy. A programme of training will be provided to support them in their role. A key priority is to reach and include frontline staff through use of the screens in depots to display information on events and greater use of on-site training rooms to deliver webinars.

3.7 Target

The target agreed for 2023/24 was 14.85 days. The Council's absence figure for 2023/24 was 17.00 days. Whilst the year end figure exceeded the target by 2.15 days, there was a reduction on the previous year's figure and the figure reduces to 16.23 days when covid related absence is deducted.

The various strategies, as highlighted in the report should have a positive impact in regard to the Council's efforts to improve its absence rates.

It is therefore proposed that the target for 2024/25 should be 16.23 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 29.56% of absence (10770.3 days) is recorded as disability related.
68.83% of disability related absence was managed as long term

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Figure 1:

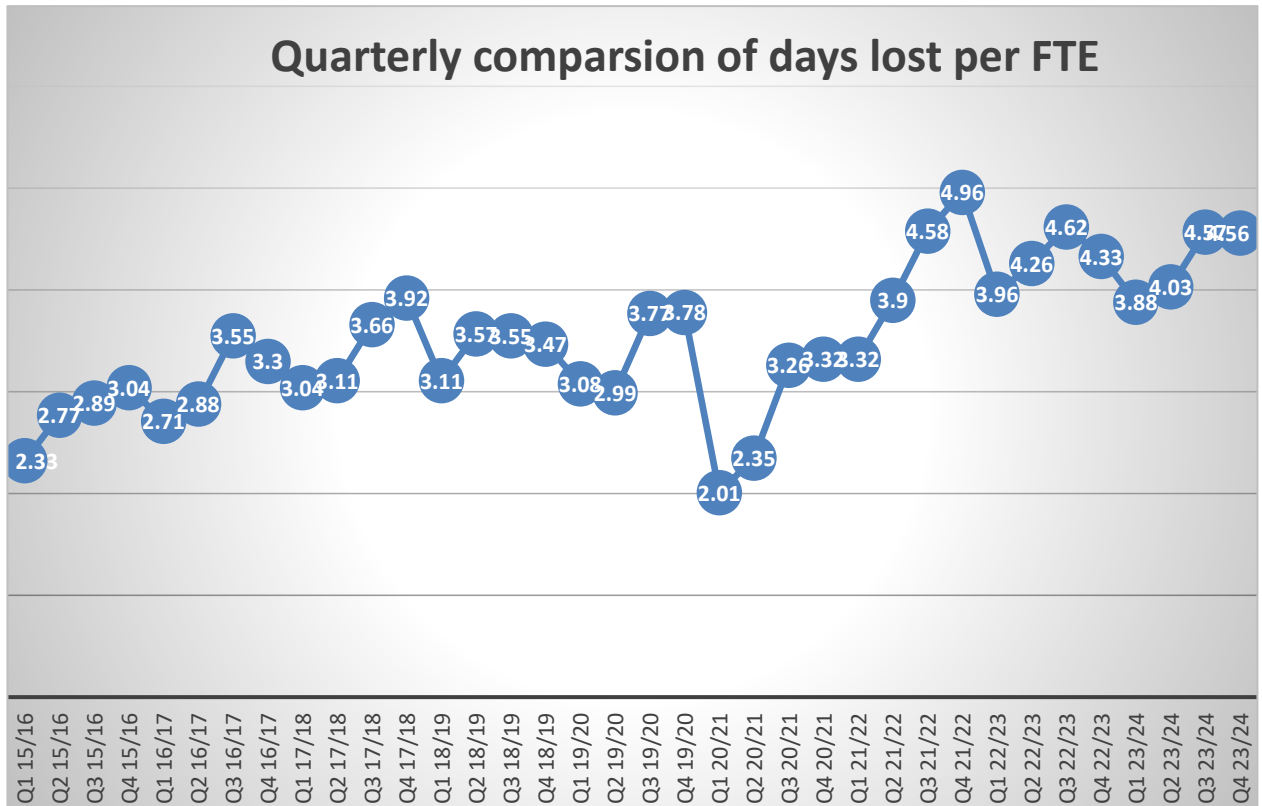


Figure 2:

Reason for absence	Total days	% of Absence
Stress, depression, anxiety	12710.31	34.89%
Musculoskeletal	9435.54	25.90%
Stomach, digestive, etc	3358.88	9.22%
Infections, inc colds & flu	2284.41	6.27%
Infections, Covid19	1642.31	4.51%
Chest and respiratory	1350.16	3.71%
Heart, blood press, circ, etc	1341.26	3.68%
Neurological, inc headaches	1160.39	3.19%
Other	1097.43	3.01%
Eye, ear, nose & mouth/dental	1091.09	2.99%
Genito-urinary, inc menstrual	732.85	2.01%
Pregnancy related	228.26	0.63%
Grand Total	36432.89	

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Figure 3:

Reason for discretion:	Total days	% of total days
Disability / Underlying medical condition	1384.76	16.40%
Planned Surgery and recovery	1351.54	16.01%
Bereavement	916	10.85%
Unresolved employee relations issues	756.42	8.96%
Industrial Injury	727.49	8.62%
Mental Health	715.58	8.48%
Hospitalisation	611.6	7.25%
Persistent absence; after a period of long term absence where an underlying condition has been identified.	450.98	5.34%
Emergency domestic responsibilities	298.85	3.54%
Broken bone	280.32	3.32%
Work related stress	255.62	3.03%
Work related violence	184.12	2.18%
Pregnancy related	162.59	1.93%
Significant personal stressor	134.16	1.59%
Previous long service and clear record	117.11	1.39%
Infectious disease	94.19	1.12%
Total	8441.33	
Total cases where discretion was applied in 2023/24	361	
Total days lost in 2023/24	36432.89	
% of total days lost where discretion applied	23.17%	
Average days off per occurrence of discretion	23.38319	

Figure 4: Compliance issues

Department	Number of cases
City and Neighbourhood Services	87
City and Organisational	3
Corporate Services	2
External Affairs Comms & Market	0
Finance	0

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Human Resources	1
Legal and Civic Services	26
Physical Programme	16
Place and Economy	11
Total	146

Figure 5:

Actual disability	Total days	% of total days	Managed as LTA	% of actual absence managed as LTA	% of Total Absence
Depression / Anxiety / Mental health conditions	3635.4	33.75%	2146.29	19.93%	9.98%
Cancer	1030.16	9.56%	954.28	8.86%	2.83%
Chronic back condition	857.03	7.96%	583.85	5.42%	2.35%
Osteoarthritis	844.82	7.84%	622.04	5.78%	2.32%
Diabetes	425.68	3.95%	415.68	3.86%	1.17%
Arthritis	386.05	3.58%	368.55	3.42%	1.06%
Chronic heart condition	347.77	3.23%	342.77	3.18%	0.95%
Myofascial pain syndrome	186.25	1.73%	186.25	1.73%	0.51%
Ulcerative Colitis	181.96	1.69%	181.96	1.69%	0.50%
Stroke	167.22	1.55%	167.22	1.55%	0.46%
Chronic leg condition	159.07	1.48%	140.07	1.30%	0.44%
Brain Aneurysm	157.43	1.46%	157.43	1.46%	0.43%
Long Covid	156.35	1.45%	0	0.00%	0.43%
Asthma	148.65	1.38%	112	1.04%	0.41%
Chronic gastrointestinal condition	146.96	1.36%	91.49	0.85%	0.40%
Colitis	136.96	1.27%	0	0.00%	0.38%
Chronic eye condition	130.93	1.22%	0	0.00%	0.36%
Syncope	126.96	1.18%	126.96	1.18%	0.35%
Chronic Genito/Urinary condition.	121.92	1.13%	109.96	1.02%	0.33%
Diverticulitis	116.96	1.09%	116.96	1.09%	0.32%
Chronic knee condition	115.33	1.07%	99.32	0.92%	0.32%
Other*	1190.44	11.05%	489.81	4.55%	3.27%
Total	10770.3		7412.89	68.83%	29.56%
Total absence end of Q4 23/24	36432.89				
Disability related absence at Q4 2023/24	10770.3				
% if absence lost due to disability	29.56%				

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

% of disability related absence managed as LTA	68.83%	
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***Other includes a total of 34 conditions that each individually account for less than 1% of total disability related absence.**

Figure 6:

Age range	Total employees	% of Total employees	Total days	% of total days	Total Occurrences	Average duration of absence per occurrence
<20	7	0.30%	3.78	0.01%	2	1.89
20 - 29	165	7.07%	1791.47	4.92%	235	7.62
30 - 39	427	18.29%	6101.12	16.75%	592	10.31
40 - 49	678	29.04%	8459.38	23.22%	721	11.73
50 - 59	662	28.35%	11531.31	31.65%	755	15.27
60 - 69	376	16.10%	8280.71	22.73%	396	20.91
70 +	20	0.86%	265.12	0.73%	27	9.82
Total			36432.89	100.00%	2728	

In response to a question from a Member with regard to the number of agency workers, the Director of Human Resources explained that a number of high impact recruitment campaigns had been undertaken to drive down the number of agency workers, and that they had been supported and encouraged to engage with the recruitment and she reported that 81% of agency assignees had been successful in having been recruited.

A Member enquired about the impact of menopause, miscarriage and bereavement leave on the absence figures and the Director of Human Resources explained that she would provide a gender breakdown of absence in future reports to the Panel.

When asked by a Member on how Belfast City Council compared to other councils, the Director of Human Resources stated that Belfast was not out of sync and that the top two reasons for absence were the same and that all Councils had been finding difficulty in managing the absence rates.

The Panel noted the content of the report and agreed to recommend to the Strategic Policy and Resources Committee that the corporate target for 2024/25 be set at 16.23 days.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

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, 2024.

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;
- Departmental Action Plans;
- Outstanding health and safety actions; and
- Accident trend analysis.

In response to a question regarding the claim ratio in relation to workplace injuries, the Health and Safety Manager stated that she had been engaging with Legal Services and had included information in the report to the Panel on how many claims had been received within each quarter, however, she pointed out that there would be a lag effect between the date of the incident and the instigation of a claim.

The Members expressed concern with regard to liability when there were longstanding fire safety issues and discussed the prioritisation of outstanding health and safety actions.

Proposal

Moved by Mr. D. Wilson
Seconded by Alderman Rodgers,

Resolved – “That the reporting period for departmental action plans for outstanding actions be reduced from one year to nine months.”

The Audit and Risk Panel noted the content of the report.

AGRS Progress Report May 2024

The Audit, Governance and Risk Services Manager provided an overview of the Service’s activity for the period from March 2024 to May 2024. He advised the Members that 85% of planned activity in the Audit Plan 2023/2024 had either been completed or was underway. The Panel was advised of a number of audits which were still in progress.

The Panel was advised that the following seven internal audits had been finalised during the period:

- Labour Market Partnerships Substantial;

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- Open Spaces and Streetscene;
- Website and Mobile Applications Accessibility Regulations;
- BWUH Ltd – Cyber Security, Data Protection and Finance;
- Internal audit of the management of the Corporate Risk – Belfast Stories;
- Business Continuity Management;
- Self-Assessment N/A – consulting; and
- Year-End Stock Counts and Fuel Reconciliation.

The Panel was provided with an update on the provision of advice and consultancy services to management, that included the New Accounting System project which went live in May 2024.

In response to a question from a Member, the Audit, Governance and Risk Manager agreed to request the Information and Governance Unit to provide a report to the Panel which would outline the number of Freedom of Information (FOI) and EIR requests received by the Council and the response timeframes associated with the requests and; to provide a member with information on the replacement of PDF's with HTML's.

The Panel agreed to request that a management update be brought to the next meeting of the Audit and Risk Panel on Open Spaces and Streetscene and Belfast Waterfront and Ulster Hall Ltd.

The Panel noted the AGRS Progress Report for the period March 2024 to May 2024, and agreed to defer to the internal audit of the Standards and Business Committee.

Recommendations Monitor

The Audit, Governance and Risk Services Manager outlined the report to the Panel which provided an update on the implementation of agreed audit actions following the recommendations monitoring exercise.

He explained that the implementation rate was 35%, which represented a slight decrease on the previous exercise but an increase on the average implementation rates seen over previous years.

He highlighted the following key points in the Recommendations Monitor report:

- Five departments (Human Resources, Property and Projects, City and Neighbourhood Services, Place and

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Economy and City and Organisational Strategy) achieved implementation rates above the Council average;

- Analysis showed that 67 of the 102 actions (66%) validated as implemented in the exercise related to actions raised in audit reports between 2022 and 2024. The remaining 35 actions (34%) implemented, related to audits finalised before 2022;
- Of the remaining 189 open actions 46 or (24%) were high priority actions, 13 of which (28%) had been agreed in audits finalised between 2022- 2024, with the remaining 33 actions (72%) agreed in audit reports pre-2022; and
- 91% of actions which remained open were overdue for implementation.

He reported that the implementation rate of 35% demonstrated that significant efforts had been made by management across the Council to address outstanding audit actions and that Audit, Governance and Risk Services were proposing that the next full validation exercise take place in January/February, 2025 and would be reported to the Panel at its meeting in March, 2025.

A Member pointed out that some departments had been performing better than others and suggested that following the next exercise in 2025, if departments continued to fall below target, that the departmental Directors be asked to provide a formal explanation to the Panel.

The Panel noted the report and agreed that the next Recommendations Monitor Exercise would take place in January/February, 2025 and reported to the Panel at its meeting in March, 2025.

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 and Risk Panel with the Corporate Risk Dashboard summarising the key updates from the risk review for the year-end March 2024.**
- 1.2 To update the Panel on compliance with the Risk Strategy, based on the assurance statements for year-end March 2024, completed by senior management.**
- 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:

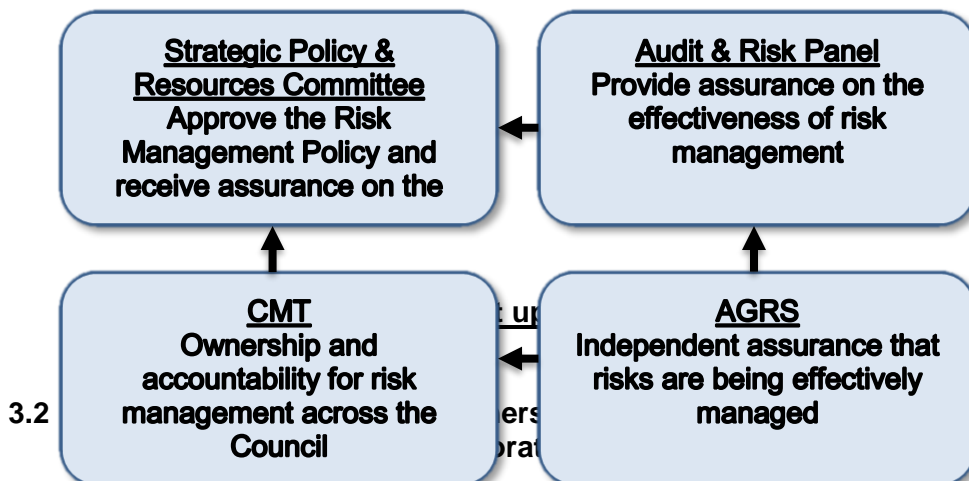
- a) Note the corporate risk management dashboard and agree the updates for year-end March 2024, including the proposal to close the corporate risk on the strength of the relationship between Members and officers and; the Resilience Strategy.
- b) Note the assurances from senior management regarding compliance with the Risk Strategy, based on the assurance statements for year-end March 2024.
- c) To agree the new Quarterly Assurance Statement for 2024/25.
- d) 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:



**Audit and Risk Panel,
Tuesday, 4th June, 2024**

from these meetings was used to prepare the Corporate Risk Management Dashboard for the year-end March 2024 (appendix A) which sets out:

1. Corporate risk analytics – risks reviewed, risks by category, risks within risk appetite, risk actions implemented / not yet due / overdue, movement in risk assessment
2. Key corporate risk updates for the quarter
3. 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:

- Residential Waste Collection – while the overall level of risk remains High, the likelihood of the risk occurring has reduced from Likely (impact 4) down to Possible (impact 3) to reflect the implementation of the new recruitment strategy and processes for drivers and operatives.
- The risks on Residential Waste Collection, Open Spaces and Streetscene Street Cleansing Function, Bereavement Services and Waste Management have been reallocated to the new Operational Directors in CNS. In addition CMT has agreed that ownership of the risk on Safeguarding is to transfer to the City Solicitor / Director of Legal and Civic Services rather than being jointly owned by CNS in quarter 1 of 24/25.
- The City Solicitor and Director of Legal and Civic Services has proposed that the corporate risk on the Strength of the relationship between Members and officers *'If relations between Members and officers breakdown, this will impact on officers' ability to deliver the overall strategy and priorities in partnership with members'* is closed. The reasons put forward for closure include; the agreed actions to be taken in relation to the recommendations contained within the report from Peter Coll QC are complete; the Standards and Business Committee is in place and; arrangements are in place to provide members for training and guidance on conflicts of interest.
- The Director of City and Organisational Strategy has proposed that the corporate risk on the Resilience Strategy *'Fail to ensure that there are*

effective arrangements in place for oversight of delivery of the 30 transformational programmes in the Resilience Strategy and regular review of the shocks and risks' is closed. The reasons for closure are set out in a separate agenda item.

- Financial position - Work is ongoing to develop an approach for longer term financial planning, which is essential to support delivery of the new corporate plan 2024-2028.
- There have been delays in the implementation of actions to manage risks that fall within the Governance and Compliance category namely Information Governance, Safeguarding, Equality and Diversity and Health and Safety; with the exception of Safeguarding, the delays are attributed to the delays in the completion of service reviews and / or issues with recruiting. The council has a minimalist risk appetite towards these types of risks.
- Cyber Security – while two important actions have been implemented in the period, a number of other important actions have been delayed. The Head of Digital Services has indicated a renewed focus to complete these actions.
- The corporate risk on Asset Management does not yet have a mitigation plan in place. AGRS has completed the gap analysis against the between the arrangements currently in place and the Good Practice Checklist for Local Councils included at Annex E of the NIAO guide 'A Strategic Approach to the Use of Public Sector Assets – A Good Practice Guide for Local Government in Northern Ireland'. The draft report is being agreed with relevant officers and should inform the development of the risk action plan.
- 14 actions to manage the corporate risks were implemented in the quarter including; update of the 'Recovery run books' and Major Incident Response Plans for cyber-attack; review of ICT policies; update of the BRCD Issue Management Framework; agreement of the new Terms of Reference for the City Regeneration and Development Programme Board; roll-out of the new H&S IT system, e-Safety is now complete; launch of the refreshed Belfast; development of a detailed action plan to support the implementation of the high level action plan for the People Strategy; establishment of the HR Managers Forum; Completion of the structure

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

review of the CI team; appointment of the Interpretative Masterplanning and Concept Design Team for Belfast Stories; development of Thematic Action plans for Belfast Stories; implementation of a new recruitment strategy and processes for Drivers and Operatives and; implementation of workforce monitoring and planning for Bereavement Services.

- Corporate Plan for 2024-27 – once agreed it is important that the corporate risk register is reviewed to identify any new risks that could impact on delivery of the new corporate plan.

3.4 Horizon Scanning

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

- The NIAO have issued a draft report on Fraud in Soil Sample Analysis results provided as part of Planning Applications, with the final report expected to be published late summer 2024. While BCC has not experienced an issue with soil sample analysis results, the NIAO report will require BCC to review and update the controls in place over the validation of such information and the process for reporting suspected fraud.
- Implementation of XL Bully Legislation in September 2024.
- The Draft Irish Language policy is out for consultation and subject to approval, will require an implementation plan and resources. It is likely that this development may lead to requests for policies in other areas such as Ulster Scots and Section 75 Groups.
- Following agreement of the Executive Budget for 2024/25, where no department received the amount of funding they bid for, BCC are to assess the direct impact on the BCC budget.

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.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- 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 (reported separately). 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.

Quarterly Assurance Statements for 24/25

- 3.7 As reported at the last meeting Directors have agreed the formal arrangements in place for the management of risk at departmental level. Directors will be required to sign off on the adequacy and effectiveness of these arrangements in their quarterly assurance statements from Quarter 1 of 2024/25. The updated quarterly assurance statement template is at appendix B.

Business Continuity Management (BCM)

- 3.8 The table at appendix C sets out the year-end position on compliance with the requirements of the BCM policy. Critical Services have been reminded of the need to begin planning how to exercise their BCM plans during 24/25.
- 3.9 The BCM plan for Property Maintenance continues to be delayed due to resource constraints in the unit.

Financial & Resource Implications

None.

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 2024,

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

including the proposal to close the corporate risk on the strength of the relationship between Members and officers and the Resilience Strategy;

- Noted the assurances from senior management regarding compliance with the Risk Strategy, based on the assurance statements for year-end March 2024;
- Approved the new Quarterly Assurance Statement for 2024/25; and
- Noted the current position regarding the review and update of business continuity plans for the critical services.

Management update on the Resilience Strategy

The Director of City and Organisational Strategy provided an update on an assessment which had been undertaken of the status of the Belfast Resilience Strategy and the 30 ambitions contained therein and he outlined proposals on next steps from a corporate risk management perspective.

He explained that the strategy set out 30 strategic ambitions and foundational programmes which would transition Belfast to an inclusive, net-zero emissions, climate resilient economy within a generation and that the ambitions and programmes had been subdivided into the following three areas of focus:

- Climate adaptation and mitigation;
- Participation of children and young people; and
- Connected, net-zero emissions economy.

He stated that the strategy had been developed as a city, rather than a Council document and would be delivered in partnership with external partners across the city.

He reported that the development and implementation of the Resilience Strategy had first been placed on the corporate risk register in 2019 and, whilst the risk had been regularly reviewed and updated by management, a recent assurance review had highlighted a number of key controls intended to manage risk had not been operating effectively in practice. He pointed out that a number of factors had impacted on the management of the corporate risk, which included the appointment of a Climate Commissioner and the creation of an internal climate team.

He referred the Panel to a detailed assessment of the status of each of the 30 ambitions and summarised the following key issues which had been identified:

- A number of programmes had been completed, including enhancement of the governance and delivery arrangements around climate adaptation and mitigation issues;

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- The majority of the programmes had been incorporated within the refreshed Belfast Agenda, with assurance for delivery and reporting aligned to the supporting Delivery Boards;
- The Belfast Agenda Resilience and Sustainability Board would continue to oversee the delivery of a large number of the programmes contained in the Resilience Strategy;
- The Council would be directly responsible for delivering a number of programmes directly, including the Local Development Plan and supporting policies; and
- A number of the programmes were the responsibility of other partners to progress and sit outside the direct remit of the Council.

He stated that, taking account of the assessment and that many of the transformational programmes had been integrated into other delivery plans, it was recommended that the Resilience Strategy would no longer be considered as a stand-alone corporate risk.

In response to a comment from a Member of the Panel regarding ambitions/programmes which had a status of ongoing, the Director of City and Organisational Strategy stated that he would bring a report back to the Panel which would further explain the status of the ongoing ambitions/programmes.

The Panel noted the content of the report and agreed that the Resilience Strategy would remain on the Corporate Risk Register and that a detailed management report would be brought back to the panel that would outline the status and delivery plans for each of the ongoing ambitions/programmes identified within the Belfast Resilience Strategy and for AGRS to undertake a review of the mapping of the programmes to the alternative delivery plans and governance and oversight arrangements.

**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

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.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

1.2 The main purpose of this report is to present the Head of AGRS' annual assurance statement for 2023/24.

2.0 Recommendations

2.1 The Panel are asked to note the Head of AGRS' annual assurance statement for 2023/24.

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 2023/24 as reported to the 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 Appendix A.

3.3 A self-assessment against the Public Sector Internal Audit Standards is provided at appendix B and a self-assessment against the CIPFA Statement on the Role of the Head of Internal Audit is provided at appendix C. 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 Panel in September 2022.

3.4 Financial & Resource Implications

None

3.5 Equality or Good Relations Implications/Rural Needs Assessment

None.”

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

The Panel noted the Head of Audit, Governance and Risk Services' annual assurance statement for 2023/24.

Code of Governance

The Head of Audit, Governance and Risk Services presented the undernoted report to the Panel:

“1.0 Purpose of Report or Summary of main Issues

1.3 In line with best practice, the Council has developed a Code of Governance based on the seven core principles set out in the new CIPFA Solace Framework.

1.2 The results of the annual review and update of the Code informs the preparation of the Annual Governance Statement, which forms part of the published annual Financial Report for the Council.

1.3 This paper presents the updated Code to the Audit & Risk Panel for review and approval.

2.0 Recommendations

2.1 The Panel are asked to review and approve the attached updated Code of Governance for Belfast City Council, which has been prepared in line with the CIPFA framework (2016 edition).

3.0 Main report

Key Issues

This section of the report is laid out as follows:

3.1 - Introduction

3.2 - AGRS review of arrangements

3.3 - Ongoing improvements planned for 24/25

3.1 Introduction

3.1.1 Governance is about how Belfast City Council ensures that it is doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.

3.1.2 Belfast City Council is committed to the core and supporting principles of good governance set out within the CIPFA Solace Framework, namely that good governance means:

- 1. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**
- 2. Ensuring openness and comprehensive stakeholder engagement**
- 3. Defining outcomes in terms of sustainable economic, social and environmental benefits**
- 4. Determining the interventions necessary to optimise the achievement of the intended outcomes**
- 5. Developing the entity's capacity, including the capability of its leadership and the individuals within it**
- 6. Managing risks and performance through robust internal control and strong public financial management**
- 7. Implementing good practices in transparency, reporting, and audit, to deliver effective accountability**

3.2 Annual review

3.2.1 AGRS has facilitated the annual review and update of the Council's Code of Governance. The main purpose of this review was to confirm that the Council has arrangements in place to address the seven principles of good governance as set out in the Code and to ensure that the Code reflects new initiatives and changes. AGRS contacted various Council officers and was provided with information on the various systems, processes and documentation in place to demonstrate compliance the seven principles of good governance set out in the Code.

3.2.2 The main updates to the Code are:

- Complaints, comments and compliments policy has been updated in line with the new Northern Ireland Public Services Ombudsman (NIPSO) Complaints Handling Procedure, which BCC adopted.**
- The update of the Belfast Agenda in 2024 to reflect the current priorities of community planning partners and the public.**

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- **The current overarching Language Strategy was introduced in 2018 and remains in place. A draft Language Strategy Action Plan was consulted upon in 2023/24. An updated Action Plan covering the period 2024-27 will be presented to the Strategic Policy and Resources Committee in May 2024 for approval (pending Council agreement).**
- **Engagement, consultation and negotiation with the recognised Trade Unions through the Industrial Relations Framework.**
- **Strategic use of Council and other public sector assets via the Strategic Sites Assessment Programme and the Housing Led Regeneration Group under Community Planning to deliver on economic and social outcomes**
- **City Regeneration & Development Programme Board in place to consider projects, programmes and interventions aligned to growth of city.**
- **Health and Wellbeing strategy agreed in April 2024 with a three year action plan, incorporating training, initiatives and support to improve workforce health and wellbeing**
- **Digital Services training team deliver a range of IT courses including:**
 - **ECDL (European Computer Driving Licence)**
 - **Advanced ECDL**
 - **Computer and Online basics**
- **Automated process for managing moves, adds and changes fed from payroll system.**

3.2.3 The review and update process confirms that arrangements were in place to address the principles of the Code and also identifies areas where ongoing improvements are planned (see below). The facilitation of the review and update of the Code of Governance by AGRS has not sought to validate the quality and application of all of these arrangements (although some elements of the framework have been subject to audit during the year).

3.3 Ongoing improvements planned for 2024/25

3.3.1 A number of improvements are quite complex to implement and while work has been undertaken to progress these improvements, they remain ongoing. It is important that these actions, designed to improve our governance arrangements, are considered as part of the

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

corporate delivery plan and prioritisation of programmes / projects:

- **The corporate plan for 2024-28 is currently at the final stages of completion.**
- **Work is underway to develop the Councils Performance Management Framework.**
- **Further work on the Medium Term Financial Plan, including efficiency.**
- **Work ongoing to finalise a Regeneration Framework that prioritises City and Council projects /interventions that deliver on economic, social and environmental outcomes.**

3.4 Equality or Good Relations Implications

3.4.1 Equality and good relations implications are integral to the Code of Governance.”

The Panel approved the updated Code of Governance for Belfast City Council, which has been prepared in line with the CIPFA framework (2016 edition).

Draft Annual Governance Statement 2024

The Head of Audit, Governance and Risk Services referred the Panel to the Annual Governance Statement for the Council for 2023/24 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 highlighted that the statement indicated the following three significant governance issues facing the Council:

- Financial Planning;
- Cyber Security; and
- Brexit Implementation Programme.

The Panel noted the draft Annual Governance Statement for the Council for 2023/24 and approved the disclosure of the significant governance issues contained in the statement.

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

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

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

He highlighted that there had been a decrease in fraud cases, four having been reported in 2023/24 compared with seven in 2022/23. He reported that all investigations had been completed and that two had been substantiated.

He pointed out that there had been a sharp decrease in bank mandate fraud attempts and that no new cases had been referred to the PSNI. He stated that, following the implementation of the Raising Concerns Policy, 16 new concerns had been raised, compared with seven in the previous year and he outlined the status of those concerns.

He reported that a new potential fraud risk had been added to the Corporate Fraud Risk Assessment, which brought the total number to 18 and that mitigation plans were in place for all of the Corporate Fraud Risks which had been reviewed and updated by the relevant Directors during 2023/24.

He explained that AGRS had reviewed the Fraud and Bribery and the Raising Concerns Policies, and had made some minor amendments to reflect recent changes to job titles.

He stated that AGRS had completed a review of the arrangements that the Council had in place, alongside the principles of the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption (2014), and subject to the implementation of the actions agreed by management in the Corporate Fraud Risk Action Plans, the Council had adopted a response that was appropriate for its fraud and corruption risks and was committed to maintaining its vigilance to tackling fraud.

The Panel noted:

- The updates on fraud, raising concerns and related cases handled in 23/24;
- The annual review and update of the Corporate Fraud Risk Assessment;
- The annual review and update of the Council's Fraud and Bribery and Raising Concerns policies; and
- The results of the Self-Assessment against the CIPFA 'Code of Practice on Managing the Risk of Fraud and Corruption'.

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

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

1.1 To provide the Audit and Risk Panel with a combined Q3 and Q4 performance report, providing an update on the progress made against the Performance Improvement Plan 2023-24, which includes the new performance indicators as agreed following liaison/ approval with DfC and NIAO. The report also provides an update on the development of the new Performance Improvement Plan 2024-25.

2.0 Recommendations

2.1 The Panel is asked to note:

- **The combined Q3 and Q4 performance report for 2023-24 (Appendix 1).**
- **The draft Performance Improvement Objectives 2024-25.**

3.0 Main report

3.1 Background

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 Performance Improvement Plan, 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 by 30 September.

3.2 Performance Improvement Plan 2023-24 – Q4 Performance Report

It was agreed at SP&R in March that, following the revision of the performance indicators within the Performance Improvement Plan 2023-24, officers would submit a combined Q3 and Q4 update to the SP&R Committee in June 2024.

3.3 The NIAO S95 Audit Assessment Report 2023-24 made the following observations:

- **The Council does not comment on its assessment of the performance of each performance objective.**

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- The Council has not included explanations why performance indicators have not been achieved or milestones have been delayed.
- The Self-Assessment Report should provide an explicit statement of whether each individual Improvement Objective has been 'achieved', or 'not achieved', and should provide an indication of the next steps for the council in each area.

3.4 Taking into consideration the above observations from the NIAO, progress during Q4 2023-24 is outlined in Appendix 1, a detailed analysis is provided in Appendix 2 and a summary below:

- Milestones – all 66 milestones have either been achieved (56) or partially achieved (10);
- In total there are 27 performance indicators – 8 statutory and 19 self-imposed indicators.
- Data is not yet available for 11% of performance indicators¹.
- Of the 24 performance indicators which have available data to measure *performance against target*, 75% of performance indicators either met or exceeded target;
- Of the 24 performance indicators which have available data to demonstrate *improvement/trend*, 83% have either maintained or showed improvement on previous years;
- The following performance indicator targets have not been met *and* are not showing improvement on preceding years – commentary/ rationale outlined in Appendix 1:
 - Percentage of corporate complaints resolved within timeframe;
 - One Million Trees Programme - number of trees planted per annum. Delays in the implementation of the Tree Strategy meant that 27,941 trees were planted (including an estimated 10,000 from partnerships). The planned annual target of 45,000 wasn't achieved, but the overall target for the One Million Trees Programme for 2035 remains unchanged;
 - Average (weeks) processing time for major planning applications; and

¹ Awaiting published, verified data from NICS departments for 3 statutory indicators.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

- **Average (weeks) processing time for local planning applications.**
- **Whilst the target was not met for the following performance indicator, leisure membership continues to improve year on year:**
 - **Number of adult and junior leisure centre monthly prepaid memberships (including swim school).**
- **There was a variation between forecasted and actual capital investment in neighbourhoods due to the delay in planning approval of the new Roselawn crematorium. Planning approval has since been secured. Average capital investment in neighbourhoods has remained steady since 2020-21.**

The following performance indicator has been edited for clarity:

- **% of the council's vehicle fleet switching fuel consumption to HVO – now % of council fleet fuel consumed that is HVO.**

Based on the current progress against performance indicators and milestones, the 5 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 the Panel at the start of September to enable publication before the mandatory September deadline.

3.5 Performance Improvement Plan 2024-25

The draft performance improvement objectives for 2024-25 were agreed by the SP&R Committee on the 22 March 2024, in advance of 8 weeks public consultation. The draft performance improvement objectives are set out below:

Our services
We will continue to adapt and improve our services to better meet the needs of our residents and stakeholders.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Our people and communities
We will improve our local areas and support our residents to become healthier, engaged and more resilient.
Our place
We will create a more vibrant, attractive, and connected city.
Our planet
We will champion climate action; protect the environment and improve the sustainability of Belfast.
Our economy
We will stimulate inclusive growth and innovation, help businesses to start-up and grow and create opportunities for more and better jobs and employment.
Compassionate city
We will support our residents through the cost-of-living crisis.

3.6 An 8-week public consultation period commenced on 9 April 2024 and will remain open until 4 June 2024. A robust consultation process is necessary to:

- i. implement NIAO’s recommendations emerging from the previous Annual Performance Improvement Report which highlighted limited public engagement.**
- ii. provide residents and stakeholders with an opportunity to inform the new performance improvement objectives.**

The draft performance improvement objectives have been published on Council’s Your Say platform with 81 responses received as of 21 May 2024. This is over double the 40 responses in 2023-24. To raise awareness of the consultation process, the following activity has taken place:

- Regular social media posts to inform stakeholders that the consultation is open and to encourage survey completion.**
- Posters developed and distributed across 18 libraries and other community assets/ facilities**

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

(e.g., council leisure centres and community centres) to encourage individuals / organisations to participate in the Your Say consultation (accessed by scanning QR code).

- Survey link included in the consultation newsletter and distributed to the Your Say Belfast mailing list (1,467 individuals).
- News article published on NICVA's CommunityNI website.
- Interlink article drafted and uploaded by Internal Comms to encourage council staff to complete the survey.
- The Chief Executive promoted the survey and encouraged everyone to participate in his weekly email to all staff.

The 2024-25 Performance Improvement Plan will be published online prior to the statutory deadline of the 30 June 2024.

3.7 Performance Improvement Plan 2024-25 Reporting

The Audit and Risk Panel will receive quarterly performance updates (from Q2 onwards) on progress against the 2024-25 Performance Improvement Objectives.

3.8 Next steps

- This report will follow to SP&R on 21 June 2024.
- The 2024-25 Performance Improvement Plan will be revised as necessary following the closure of the current public consultation exercise and analysis of responses.
- The 2024-25 Performance Improvement Plan will be published on the Council website by the statutory deadline of 30 June 2024.
- The Panel will receive the following on 10 September 2024:
 - The statutory 2023-24 Year End Self-Assessment report.
 - The final 2024-25 Performance Improvement Plan.

4.0 Financial & Resource Implications

4.1 None.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

5.0 Equality or Good Relations Implications / Rural Needs Assessment

5.1 There are no equality or good relations implications associated with this report.”

In response to a request from a Member, the Director of City and Organisational Strategy agreed to liaise with the Director of Planning and Building Control to provide the Panel with a breakdown of the delayed responses from statutory consultees (including internal consultees) relating to Planning applications.

The Panel noted:

- The combined Q3 and Q4 performance report for 2023-24; and
- The draft Performance Improvement Objectives 2024-25.

NIAO Audit Strategy for 23/24

The Chairperson welcomed Mr. P. Barr from the Northern Ireland Audit Office (NIAO) to the meeting.

Mr. Barr outlined the NIAO’s Audit Strategy for Belfast City Council for the 2023-24 financial year and explained that it was intended to provide the Council with a clear understanding of how the audit was carried out and highlighted the key messages, that included the audit approach, significant risks that had been identified and other matters of interest.

The Chairperson highlighted the actions for the Audit and Risk Panel contained within the Audit Strategy to the Panel Members.

The Panel noted the Audit Strategy and the Chairperson thanked Mr. Barr for his attendance at the meeting.

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 noted the report.

**Audit and Risk Panel,
Tuesday, 4th June, 2024**

Date of next meeting

The Panel noted that the next meeting was scheduled to take place on Tuesday 10th September, 2024.

Chairperson