

Audit and Risk Panel

Tuesday, 3rd December, 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 and Harvey; and
Mr. D. Wilson (External Member).

In attendance: Mrs. 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;
Ms. D. Murtagh, Divisional Solicitor,
Mr. L. Mulholland, Audit, Governance and Risk
Services Manager;
Mr. M. Whitmore, Audit, Governance and Risk
Services Manager;
Ms. H. Lyons, Corporate Finance Manager;
Ms. E. Eaton, Corporate Health and Safety Manager;
and
Ms. C. Donnelly, Committee Services Officer.

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

Apologies

No apologies for inability to attend were reported.

Minutes

The minutes of the meeting of 16th September, 2024, were approved by the Panel.

Declarations of Interest

No declarations of interest were reported.

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Absence Rates Q/E September 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

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 two, April – September 2024.

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 two:

- **The Council’s average sickness absence rate stands at 7.03 days, a decrease of 0.87 days compared to absence for the same period last year (7.9 days).**
- **A total of 15759.81 working days was lost due to sickness absence. This accounted for 6.25% of the total working days available.**
- **The table below provides a summary of how departments are performing against the target. Two departments did not meet the corporate quarterly target of 8.12 days for quarter two.**

Department	Number of employees (FTE)	Total days lost (FTE)	Actual absence per FTE	Variance	% of workforce	% of absence
End of year target	16.23					
End of Q2 target	8.12					
City and Neighbourhood Services	1293.08	10571.21	8.18	0.06	57.70%	67.08%
City and Organisational Strategy	82.48	459.97	5.58	-2.54	3.68%	2.92%
Corporate Services	128.1	283.6	2.21	-5.90	5.72%	1.80%
External Affairs, Comms and Marketing	27.85	25.88	0.93	-7.19	1.24%	0.16%
Finance	49.45	134	2.71	-5.41	2.21%	0.85%
Human Resources	32.54	237.16	7.29	-0.83	1.45%	1.50%
Legal and Civic Services	155.52	1321.96	8.50	0.39	6.94%	8.39%
Place and Economy	352.04	1817.1	5.16	-2.95	15.71%	11.53%
Property and Projects	119.96	908.93	7.58	-0.54	5.35%	5.77%
Totals	2241.02	15759.81	7.03	-1.08		

3.2 Additional Absence information:

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- There has been an increase in the number of staff with no recorded absence this period 61.66% compared to the same time last year (60.11 %).
- There has been a significant decrease of 1356.53 days in absence classified as long term (20+ days) this year (11008.81 days) compared to the same time last year (12365.34 days).
- The number of days lost per full time equivalent decreased by 0.13 in quarter two (3.46 days) when compared to quarter one (3.59 days). This decrease is illustrated in figure one.
- Stress, depression, anxiety (30.8% of total days lost) and musculo-skeletal (29.59% of total days lost) continue to be the top two reasons for absence. Refer to figure two for further information.
- From 1 July to 30 September 2024, 695 employees were off due to sickness absence (accounting for 7903.38 days). Of the cases where the use of discretion was recorded, it was applied to 98 employees (14.1%) and their absence accounted for 2164.54 days (approximately 27.4% of the total absence for quarter). Refer to figure three for further information.
- Issues were identified in how absences were being managed in 61 cases. These were discussed in detail with departments during quarter two. Refer to figure four for a breakdown by department.
- Approximately 30% of absence (4769.77 days) is recorded as disability related. Almost two thirds (63.74%) of disability related absence was managed as long term. Employees who reported absence with Depression / Anxiety / Mental Health (31.7%), Chronic back pain (14.25%) and Osteoarthritis (11.28%) accounted for 57% of all disability related absence days. Refer to figure five for further detail on disability related absence.
- The Council continued to be impacted by absence due to COVID 19 during quarter two. 96 employees were recorded as absent due to COVID19, and this accounted for 522.33 days or 3.3% of the total absence in quarter two.
- 14 employees met the trigger for a Stage four/final hearing in quarter two
 - Three employees were retired on the grounds of ill health prior to hearing being arranged.

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- Discretion was applied to three of these cases not to progress to a hearing. This was due to one employee returning to work, one employee given additional time off due to surgery and recovery and redeployment was being sought for another employee.
- Three employees did not progress to a final hearing as further medical information was required.
- Five employees attended a stage four / final hearing.
 - Discretion was shown due to the nature of the employee's absence (industrial injury)
 - One decision was deferred pending additional medical information as requested by the panel
 - Three employees were dismissed.

In addition to the above cases, seven employees were also dismissed on the grounds of permanent ill health during quarter two.

Corporate HR monitors how departments are managing attendance. Matters regarding the management of cases at the final stages of the attendance policy are raised with departmental senior management when necessary.

3.3 Departmental improvement plans/absence reporting to DMT:

Corporate HR has reviewed all the departmental improvement plans for quarter two. All departments provided a progress report for the quarter. In general, meaningful information and updates were provided by the departments.

However, CNS has identified lack of resources as an issue in carrying out the analysis required for the improvement plan. To address this matter, approval was secured for additional resources on a temporary basis.

All departments returned their absence dashboards for July, August and September.

3.4 Health and Wellbeing Strategy and initiatives:

Corporate HR continue to roll out a full programme of H&WB events and initiatives. A total of 17 events in quarter two were delivered and attended by 275 staff.

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Stress Awareness for Managers and Positive Mental Health are delivered regularly and were attended by 24 staff in quarter two. Training on management skills were also delivered on **Understanding the Attendance Policy and Skills for Managing Performance**.

Events on **Financial Matters** which are an important support for staff wellbeing were well attended including **Pension Information** attended by 53 staff, a session on **Retirement Planning** attended by 28 staff and **Money Helper** delivered by Money Advice Service was attended by 36 staff.

The **Keeping Well Van** visited one CNS site, **Palmerston Road HRC** with nine staff attending their 30-minute health check. The **Keeping Well Van** has now visited five sites including **Duncrue, Park Road, Alexandra Park and Blackstaff** with a total of 69 staff having a health check. Of these 43% were referred to their GP to investigate health concerns such as high blood pressure, high BMI and high blood glucose levels.. 15% of those seen were smokers and a **Stop Smoking Campaign** will commence in the new year to support those wishing to stop smoking.

September saw the start of a focus on support for musculoskeletal health issues which are a major cause of absence. We partnered with **BITC** on and their 'Healthier You' series of webinars. These included a session on how to assess your own health level, how movement is important in maintaining healthy strong bodies and muscles and a webinar on healthy eating and how nutrition is important for healthy bones and muscles. Another element of the focus on musculoskeletal health issues was the delivery of a webinar on 'Living with Arthritis'.

During the summer months we promoted the **Active Challenge** initiative with 58 staff participating and we ran successful roadshows with **Sustrans** on getting active at **9 Adelaide, CWB and Duncrue** which engaged 130 staff.

4.0 Resource Implications

4.1 Directors are asked to ensure that:

- **Attendance management continues to be a priority item on DMT agendas and related matters**

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discussed and appropriate actions taken forward.

- 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 30% of absence (4769.77 days) is recorded as disability related.

The use of discretion and reasonable adjustments is considered in such cases

Figure one:

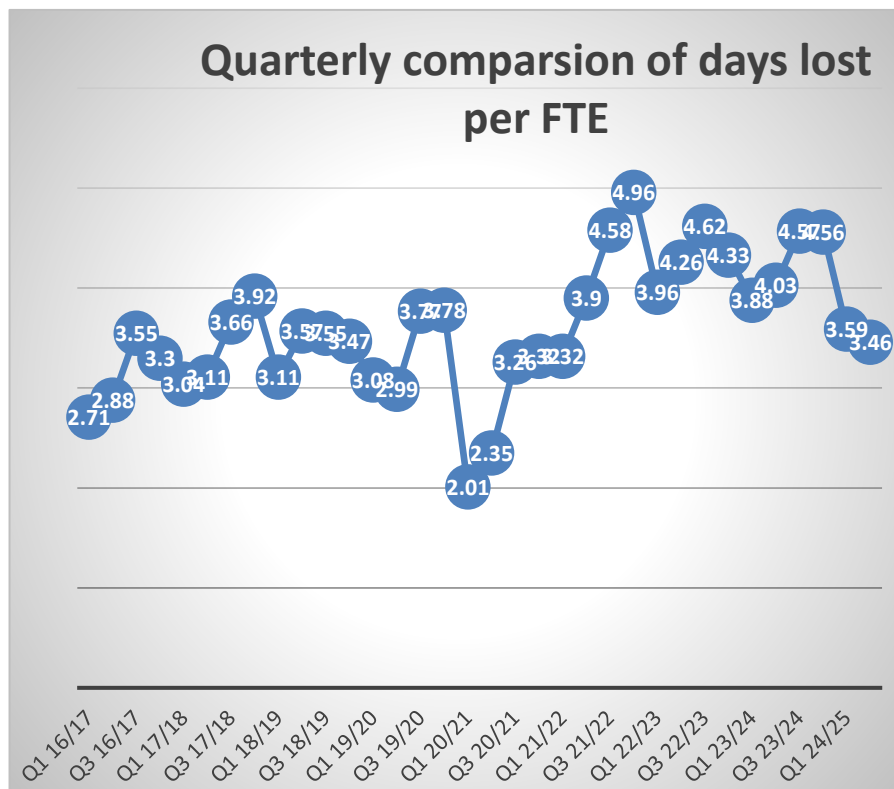


Figure two:

Reason for absence	Days lost (FTE)	% of absence
Stress, depression, anxiety	4854.37	30.80%
Musculo-Skeletal	4662.63	29.59%
Stomach, digestive, etc	1720.57	10.92%
Infections, inc colds & flu	847.61	5.38%
Neurological, inc headaches	553.56	3.51%

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Chest and respiratory	523.78	3.32%
Infections, Covid19	522.33	3.31%
Other	519.2	3.29%
Heart, blood press, circ, etc	498.22	3.16%
Genito-urinary, inc menstrual	484.65	3.08%
Eye, ear, nose & mouth/dental	310.24	1.97%
Pregnancy related	268.65	1.70%
Indust/Eye, ear, nose & mouth	3	0.02%
Total	15759.81	

Figure three:

Reason for discretion	Total days	% of total
Underlying medical condition / Disability	587.07	27.12%
Hospitalisation	339.37	15.68%
Bereavement	302.22	13.96%
Emergency domestic responsibilities	231.65	10.70%
Mental Health	186	8.59%
Planned surgery and recovery	157.81	7.29%
Work related stress	111.85	5.17%
Maternity	89.15	4.12%
Industrial Injury	85.07	3.93%
Unresolved employee relations issue	63	2.91%
Previous long service and clear record	7.03	0.32%
Menopause	4.32	0.20%
Total	2164.54	
Total days lost in quarter two (July to September 2024)	7903.38	
% of total days lost where discretion applied in quarter two	27.39%	
Average days off per occurrence of discretion in quarter two	22.1	

Figure four:

Department	Total
City and Neighbourhood Services	49
City and Organisational Strategy	0
Corporate Services	0

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External Affairs Comms & Marketing	0
Human Resources	0
Finance	0
Legal and Civic Services	8
Place and Economy	0
Property and Projects	4
Totals	61

Figure five:

Actual disability	Total days	% of total disability related absence
Depression / Anxiety / Mental health conditions	1512.13	31.70%
Chronic back condition	679.77	14.25%
Osteoarthritis	538.05	11.28%
Cancer	274.83	5.76%
Hernia	225.12	4.72%
Chronic heart condition	177.81	3.73%
Chronic bowel condition	123.31	2.59%
Chronic neurological condition	123	2.58%
Pancreatic Necrosis	122.97	2.58%
Spinal Stenosis	87.03	1.82%
Diabetes	84.49	1.77%
Chronic pituitary condition	83	1.74%
Chronic hip condition	70	1.47%
Chronic respiratory condition	69.19	1.45%
Renal failure	67.97	1.43%
Ulcerative Colitis	60	1.26%
Arthritis	54.09	1.13%
Menopause	53.75	1.13%
Guillain-Barre Syndrome	52	1.09%
Other*	311.26	6.53%
Total absence end of quarter two	15759.81	
Disability related absence at the end of quarter two	4769.77	
% if absence lost due to disability	30.27%	
% of disability related absence managed as LTA	63.74%	

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*Other includes a total of 17 conditions that each individually account for less than 1% of total disability related absence.”

The Panel noted the contents of the report.

Corporate Health and Safety Performance

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 30th September, 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 provided the Panel with a summary of Health and Safety Assurance Board activity during 2023/24 and highlighted the following key issues:

- The Board had met four times in 2023/24 and its meeting in April, 2023 was used to re-establish the Health and Safety Assurance Board following the pandemic;
- At its subsequent meetings, the Board had received a detailed quarterly health and safety performance report;
- At its meeting in June, 2023, the Board had considered an assurance on the key risks of asbestos, legionella and fire safety, the draft annual corporate health and safety plan, the six monthly claims report and, in addition, a report on the legal and best practice requirements for safety committees;
- The Board had reviewed the AGRS Work Related Violence risk review report and assurance on the key risks of control of contractors, risk assessment and work-related violence; and
- In February 2024, the Board had considered reports on assurance on the key risks of work-related transport, working at height, plant and machinery and the annual review of the Board's Terms of Reference.

In response to a question from a Member of the Panel with regard to six outstanding high priority fire safety actions, the Corporate Health and Safety Manager stated that she would provide a detailed report on the outstanding actions to a future meeting of the Panel.

The Panel noted the report.

**Northern Ireland Audit Office –
Report to Those Charged with Governance**

The Corporate Finance Manager presented the Panel with the following report:

“1.0 Purpose of Report or Summary of main Issues

- 1.1 The Local Government Auditor has issued her Report to those charged with Governance for 2023/24. This report summarises any system/control issues arising during the Northern Ireland Audit Office’s (NIAO) 2023/24 audit and includes recommendations for management action.**

The purpose of this report is to appraise the Audit and Risk Panel of any issues raised in the Local Government Auditor’s Report for 2023/24 in relation to the Accounts of Belfast City Council.

2.0 Recommendations

- 2.1 The Audit Panel is requested to note the Report to those charged with Governance Audit results for 2023/24 and agree the management responses.**

3.0 Main report

Key Issues

- 3.1 The Local Government Auditor has certified the 2023-24 statements for Belfast City Council with an unqualified opinion.**
- 3.2 The Local Government Auditor had identified in the Audit Strategy for 2023-24, the risk of financial resilience and management override of controls as having an impact on the audit approach.**

During audit fieldwork, no significant issues were identified in these areas.

- 3.3 The Local Government Auditor has identified seven areas where she has made prioritised recommendations. The NIAO definition of the priority levels are:**

- i. significant issues for the attention of senior management which may have the potential to result in material weaknesses in internal control,**

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- ii. **important issues to be addressed by management in their areas of responsibility, and**
- iii. **issues of a more minor nature which represents best practice.**

In summarising the letter there are:

- **1 priority 1 areas,**
- **4 priority 2 areas, and**
- **2 priority 3 areas**

3.4 The 1 priority 1 area is:

- **EU fine – EU penalty applied on Black Mountain Shared Space project for non-compliance with funding conditions, recommendation to ensure adequate management and control systems are in place to ensure full compliance with all EU grant funding conditions to prevent any reoccurrence of losses from fines**

3.5 The 4 priority 2 areas are:

- **Discounting of legal claims – a review of appropriateness of assumptions used in calculation of claims management provision and maintenance of a spreadsheet record of movements on legal cases is recommended**
- **Landfill provision – a review of annual recurring costs is recommended**
- **Assets Held for Sale- recommendation that agreements with potential purchasers of land and buildings include a provision for the market price to be re-assessed where there is significant delay in completion**
- **Agency costs – recommendation to ensure, where possible, that vacancies are filled and reduce the use of agency staff**

3.6 The 2 priority 3 areas are:

- **Fixed Asset Register Reconciliation – reflection of the correct asset values for the two playground assets in the fixed asset records for 2024/25 onwards is recommended**

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- **Payroll reconciliations – reconciliation of the minor differences arising between payroll system and accounting system is recommended**

3.7 A detailed response to the management letter is attached, identifying timescales.

In accordance with the process adopted in previous years, management will monitor the progress made in implementing recommendations and will report back to the Audit Assurance Board and Audit and Risk Panel on the progress.

3.8 Financial & Resource Implications

None

3.9 Equality or Good relations/Implications/Rural Needs Assessment

None.”

The Panel noted the Report to those charged with Governance Audit results for 2023/24 and agreed the management responses.

Northern Ireland Audit Office - Annual Audit Letter

Mr. P. Barr, NIAO, referred the Panel to the Belfast City Council Annual Audit Letter 2023-24 and summarised the following key areas for consideration;

- Financial Statements;
- Proper Arrangements;
- Annual Governance Arrangements;
- Annual Governance Statement;
- Absenteeism;
- Performance Improvement; and
- Outlook.

He explained that the Local Government Auditor sought to examine that the Council had managed its affairs, having regard to a combination of economy, efficiency and effectiveness and that public money was properly spent and accounted for.

In response to a question from a Member of the Panel with regard to the implementation of training in response to a priority one procurement issue, the Director of Finance explained that the particular issue was one that occurred after the implementation of Brexit which had been addressed and not likely to reoccur due to appropriate mitigations which had been put in place.

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The Panel noted the report and the Annual Audit Letter.

AGRS Progress Report November 2024

The Audit, Governance and Risk Services (AGRS) Manager provided the Panel with a summary of the Audit, Governance and Risk Services' activities for the period September to November, 2024.

He explained that the report summarised the following ten assignments which had finalised during the period from September to November, 2024

- Belfast Region City Deal – Programme Management Office;
- Smart Belfast Urban Innovation Framework;
- Corporate Risk Review of the BRCD Digital Strand;
- Intelligent Client Function for the Planning Portal;
- Markets;
- Management of contracts / funding agreements with Belfast Waterfront and Ulster Hall;
- Ltd, Innovation Factory and Visit Belfast;
- Asset Management Gap Analysis;
- Belfast Castle, Malone House and Zoo;
- Community Asset Management – Sports Related Assets; and
- Cultural Strategy – A City Imagining.

After considering the Asset Management Gap Analysis report, the Panel requested the Director to provide an update to the next meeting of the Panel.

The Panel:

- Noted the AGRS Progress Report for the period September 2024 to November 2024;
- Agreed to defer the internal audits of Recruitment and Selection and Travel and Subsistence, linked to the ongoing work to implement a new HR system; and
- Noted the update on the new standards that AGRS and the Council were required to comply with from April 2025, and that AGRS would complete a self-assessment against those standards.

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Corporate Risk Management

The Head of Audit, Governance and Risk Services submitted, for the Panel's consideration, a report on the corporate risk dashboard which summarised the key updates from the risk reviews by management for the quarter ending 30th September 2024. Key updates related to:

- the development of the Medium Term Financial Plan and the link to horizon scanning;
- the reassessment of the current risk level of the two corporate risks, regarding the Belfast Agenda and the Physical Investment Programme;
- the development of the risk action plan for the corporate risk on Asset Management;
- the change to the risk description for the BRCD Digital Pillar risk; and
- An overview of the 16 actions to manage the corporate risks that were implemented in the quarter.

She provided an update on compliance with the Risk Strategy, including the re-introduction of formal departmental risk management arrangements, based on the new updated assurance statements completed by senior management for the quarter.

She provided the Panel with an update on the completion of the templates by the critical services on preparedness for planned emergency power cuts and the nomination of the business continuity management champions for each critical service. She informed the Panel that the critical services had been reminded of the requirement to plan and schedule their BCM exercise and to review and update their BCM plan by the end of March 2025. The BCM plan for Property Maintenance continued to be delayed due to resource constraints in the unit.

The Panel:

- Noted the corporate risk management dashboard and the updates for quarter-end September 2024;
- Noted the assurances from senior management with regard to compliance with the Risk Strategy, based on the assurance statements for quarter-end September 2024; and
- Noted the current position with regard to business continuity arrangements.

The National Fraud Initiative in NI 2024

The AGRS Manager referred the Panel to a report on the outcome of the National Fraud Initiative (NFI) exercise in Northern Ireland that the Northern Ireland Audit Office had recently published and highlighted the key issues arising from it.

He pointed out that the report included reference to duplicate payments that had been made to vendors due to invoices having been inputted twice and reported that the full amounts had been recovered from the vendors.

He reported that AGRS had reviewed and updated the NFI self-appraisal checklist, related to the NFI exercise which had indicated that no further action had been required.

The Panel noted the NIAO report and the update on the 2024 NFI exercise.

Performance Improvement Quarter 2 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 Board with a mid-year (Q2 from April – September 2024) progress update on the actions and measures of success (performance indicators) contributing to the achievement of the performance improvement objectives contained within the Performance Improvement Plan (PIP) 2024-25.

2.0 Recommendations

2.1 The Board is asked to:

- i. note the update provided within this report.**
- ii. consider and approve the Q2 PIP 2024-25 Performance Dashboard Report as attached at Appendix 1.**
- iii. agree the Performance Dashboard Report is submitted for the consideration of the Audit Assurance Panel (AAP) on 3 December 2024.**

3.0 Main report

Background

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- 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.

Q2 2024-25 Performance Improvement Dashboard Report

- 3.2 In the [2024-25 Performance Improvement Plan](#), agreed by SP&R on 21 June 2024, we committed to presenting quarterly performance reports to the CMT, the Audit and Assurance Board and the Audit and Risk Panel, Committee, and the Full Council.
- 3.3 A year-to-date (Q2) progress update is attached at Appendix 1 for the Board's consideration. In total there are 44 actions and 50 measures of success (performance indicators) including 7 statutory and 43 self-imposed performance indicators. A high-level performance overview is provided on page 4 of Appendix 1, with a summary set out below.

i. On Track or Complete

- 75 measures are on track for completion as specified.
- 6 measures (2 actions and 4 performance indicators) have been achieved including investment in the Black Mountain Shared Space, the Shankill Shared Women's Centre, major improvements to Pitt Park, the implementation of Vacant to Vibrant programme and the implementation of the new Finance System.

ii. Data not available

In assessing progress at Q2, data was not yet available for 4 performance indicators:

- Maintaining Carbon Disclosure 'A' Status.
- Maintaining silver NI Environmental Benchmarking Survey rating.

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- Supporting 75% of participants to move into a positive outcome from an Employment or Upskilling Academy.
- Promoting jobs through business start-up activity, i.e., completing 325 business plans (statutory indicator).

iii. Closed

Recognising that tree planting does not fully reflect the ambitions in the Tree Strategy and the Climate Action Plan, the CMT agreed on the 30 October 2024, to move away from the following performance indicator which has been removed from the 2024-25 Performance Improvement Plan.

‘Planting trees as part of the One Million Trees Programme (target to be confirmed – subject to internal approval)’.

The City and Neighbourhood Services (CNS) Department and the Climate Team will develop a series of science-based performance targets to effectively measure progress in relation to the Tree Strategy, the Climate Action Plan and Tree Establishment Plan which will be used to inform the Corporate Annual Delivery Plan and Performance Improvement Plan.

iv. Performance against targets

Excluding the performance indicator that is now closed, those that have already been completed/ achieved, and those that don’t have available data to measure performance against target there are 41 remaining indicators. Of these 41 indicators, 36 (87.8%) are on track for achievement. A total of 39 out of 44 actions (88.6%) are also on track to be delivered.

At the end of Q2 (i.e., 30 September 2024) the following actions and performance indicators were reported as being behind target and requiring intervention or at risk of not achieving target and change required – commentary/ rationale for the delays is outlined in Appendix 2:

Status	Measure description	Measure type
	Achieving 80% customer contact service level (people answered within 120 secs).	Performance Indicator

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Behind/ requires intervention	Resolving 75% of corporate complaints within timeframe.	Performance Indicator
	Introducing improvement actions for 90% of corporate complaints.	Performance Indicator
At risk/ change required	Develop the Belfast Physical Activity and Sport Development strategy and action plan to create a more active city.	Action
	Develop a funding commissioning framework to support the implementation of a Hardship Programme for 2024-25, to ensure that support is available for those most impacted by poverty and the cost-of-living crisis.	Action
	Publication of a council climate investment plan.	Action
	Achieving the 30-week target for average processing time for major planning applications (statutory indicator).	Performance Indicator
	Achieving the 15-week target for average processing time for local planning applications (statutory indicator).	Performance Indicator

3.4 The year-to-date position of the Corporate Delivery Plan as at the end of Q2 2024-25 was also presented to the CMT Oversight Board on 23 October 2024. CMT members are addressing areas that are already at risk or behind through their Departmental Management Teams and will agree on areas that need escalated and/ or require further detailed discussions at the CMT Oversight Board.

3.5 Performance Improvement Plan 2024-25 Reporting Cycle

The Board are asked to remind themselves of the following 2024-25 Performance Improvement Plan reporting cycle (circulated at the CMT on 22 May 2024):

Quarter/ year	Report	AAB meeting
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Q3 2024-25	Q3 Performance Report	February 2025
Q4 2024-25	Q4 Performance Report	May 2025
Q1 2025-26	Year-end Performance Assessment	August/ September 2025

Next steps

3.6

- i. The Board are asked to note that a mid-year progress report will be presented to the Audit Assurance Panel on the 3 December 2024 and noted via the AAP minutes presented to the SP&R Committee on the 13 December 2024.
- ii. The performance team will continue to work with Departments to obtain historical data and targets.

4.0 Financial & 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 this report;
- approved the Quarter 2 PIP 2024-25 Performance Dashboard Report; and
- Agreed that the mid-year progress report would be noted via the minutes of this panel which would be presented to the Strategic Policy and Resources Committee at its meeting on the 13 December 2024.

Local Government Auditor's Report 2024

Mr. P. Barr provided an update to the Panel on the key messages contained in the Local Government Auditors Report 2024, which set out observations on financial performance, governance issues and challenges and opportunities facing Northern Ireland councils based on their 2022-23 audits.

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He summarised the observations made by the Local Government Auditor in the following areas:

- Financial performance;
- Governance issues; and
- Key challenges.

The Panel noted the report.

Schedule of Audit and Risk Panel meetings for 2025

The Panel approved the following schedule of meetings for 2025, with a commencement time of 12.30 p.m.:

- Tuesday, 4th March;
- Tuesday, 3rd June;
- Tuesday, 9th September; and
- Tuesday, 2nd December.

Date of next meeting

The Panel noted that its next meeting would be held at 12.30 p.m. on Tuesday, 4th March.

Chairperson