

Audit and Risk Panel

Tuesday, 9th September, 2025

MEETING OF AUDIT AND RISK PANEL

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

In attendance: Ms. S. McNicholl, Deputy Chief Executive/Strategic Dir of
Corp Services;
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;
Ms. E. Eaton, Corporate Health and Safety Manager;
Ms. C. Haughey, Principal Auditor; and
Ms. C. Donnelly, Committee Services Officer.

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

Pre-Meeting

The Audit and Risk Panel met privately with the Head of Audit, Governance and Risk Services prior to the meeting commencing, to enable the Panel members to raise any concerns around the work of internal audit or the Council's risk, control and governance arrangements.

Apologies

No apologies for inability to attend were reported.

Minutes

The minutes of the meeting of 3rd June, 2025, were approved by the Panel.

Declarations of Interest

Councillor Groogan declared an interest in respect of the item under the heading "2024-25 Performance Improvement Self-Assessment Report" in that her employer had been a recipient of a number of the funding programmes referenced within the report,

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but did not leave the meeting whilst the item was under consideration as the funding programmes were not discussed.

Absence Management Q/E September 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 one, April – June 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 one:

- The Council’s average sickness absence rate stands at 3.81 days, an increase of 0.22 days compared to absence for the same period last year (3.59 days).**
- A total of 8595.27 working days were lost due to sickness absence. This accounted for 7.35% of the total working days available.**
- The table below provides a summary of how departments performed against the target. One department did not meet the corporate target of 3.65 days for quarter one.**

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End of year target	14.58					
Q1 target	3.65					
Department	Number of employees (FTE)	Total days lost (FTE)	Actual absence per FTE	Variance	% of workforce	% of absence
City and Neighbourhood Services	1300.3	6031.01	4.64	0.99	57.59%	70.17%
City and Organisational Strategy	92.62	142.07	1.53	-2.12	4.10%	1.65%
Corporate Services	131.67	181.35	1.38	-2.27	5.83%	2.11%
External Affairs, Comms and Marketing	26.31	38	1.44	-2.21	1.17%	0.44%
Finance	47.73	36.62	0.77	-2.88	2.11%	0.43%
Human Resources	32.71	14.06	0.43	-3.22	1.45%	0.16%
Legal and Civic Services	162.72	560.99	3.45	-0.20	7.21%	6.53%
Place and Economy	347.72	1235.27	3.55	-0.10	15.40%	14.37%
Property and Projects	115.96	355.9	3.07	-0.58	5.14%	4.14%
Totals	2257.74	8595.27	3.81	0.16		

3.2 Additional Absence information:

- There was a slight increase in the number of staff with no absence this year (74.70%), compared to last year (74.32%).
- There has been a significant increase of 636.95 days in absence classified as long term (20+ days) this year (5977.32 days) compared to the same time last year (5340.37 days).
- The number of days lost per FTE increased in quarter one (3.81 days) when compared to quarter four (3.67 days), see figure 1.
- Depression/anxiety/stress (34.55% of total days lost) and musculo-skeletal (28.79% of total days lost) continue to be the top two reasons for absence. Refer to figure 2 for further information.
- From 1 April to 30 June 2025, 619 employees were off due to sickness absence (accounting for 8595.27 days). Of the cases where the use of discretion was recorded, it was applied to 98 employees (15.8%) and their absence accounted for 2289.23 days (approximately 26.6% of the total absence for quarter one).
- Issues were identified in how absences were being managed in 141 cases. These were discussed in detail with departments during quarter one. Refer to figure 4 for further information.
- Approximately 10.2% of absence (877.1 days) is recorded as disability related. Over three quarters (76.2%) of disability related absence was managed as long term. Employees who reported absence with Depression / Anxiety / Mental Health (34.58%) accounted for over one third of all disability related absence. Refer to figure 5 for further information.

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- 10 employees met the trigger for a Stage4/FAH in quarter one.
- One employee was retired on the grounds of ill health prior to hearing being arranged.
- Discretion was applied to five of these cases not to progress to a Stage 4/FAH. This was due to one employee returning to work at month six, one employee was off due to an industrial injury, two employees required additional medical information, and one employee had unresolved employee relations issues.
- One employee progressed to a stage four meeting however the decision was deferred by the panel as they awaited further medical information.
- Two employees met the trigger in late June and hearings have been scheduled for August 2025.
- One case was deemed, by CHR, to be non-compliant with the attendance policy.
- In addition to the above cases, 12 employees were dismissed in quarter one.

3.4 Departmental improvement plans and Absence reporting to DMT:

All of the departments returned improvement plans and progress reports for quarter one. These have been reviewed by Corporate HR.

All of the departments returned absence dashboards for quarter one.

3.5 Health and Wellbeing Strategy and initiatives:

CHR continue to focus on delivering the actions as set out in the Health & Wellbeing Strategy.

Between 1 April and 30 June 2025, the H&WB programme delivered 25 events attended by 582 staff including 100 staff who attended a blood donation session in City Hall on 18 June, with 75 people able to donate.

CHR was supported by the Internal Communications team 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 also promoted via posters on staff noticeboards.
Activity included:**

- Healthier You - From Sleepless to Rested
- Healthier You - Multiple Sclerosis at Work
- Supporting Autistic Employees & Colleagues
- Your Mindful Movement
- 3 x Cancer Focus Keeping Well Van - 9 Adelaide, Lady Dixon Park and Blanchflower (44 employees checked)
- Positive mental health
- Stress less
- Participation in the Active Travel Challenge

As a result of the Stop Smoking campaign with the PHA and Cancer Focus launched in a previous period, 18 employees set a date to stop smoking, 11 of these were successful - a success rate of 61%.

Promotion of different wellbeing themes such as Mental Health Week and Autism Awareness Week were used to specifically promote certain events.

CHR will continue to focus on musculo-skeletal support and mental health in Quarter two and promote Belfast Leading the Way and Active Travel events as we continue to work with Sustrans and partners to introduce active travel initiatives. CHR plan a specific focus this year on addiction and suicide awareness.

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 10.2% of absence (877.1 days) is recorded as disability related and 76.2% of disability related absence was managed as long term.”

Figure 1:

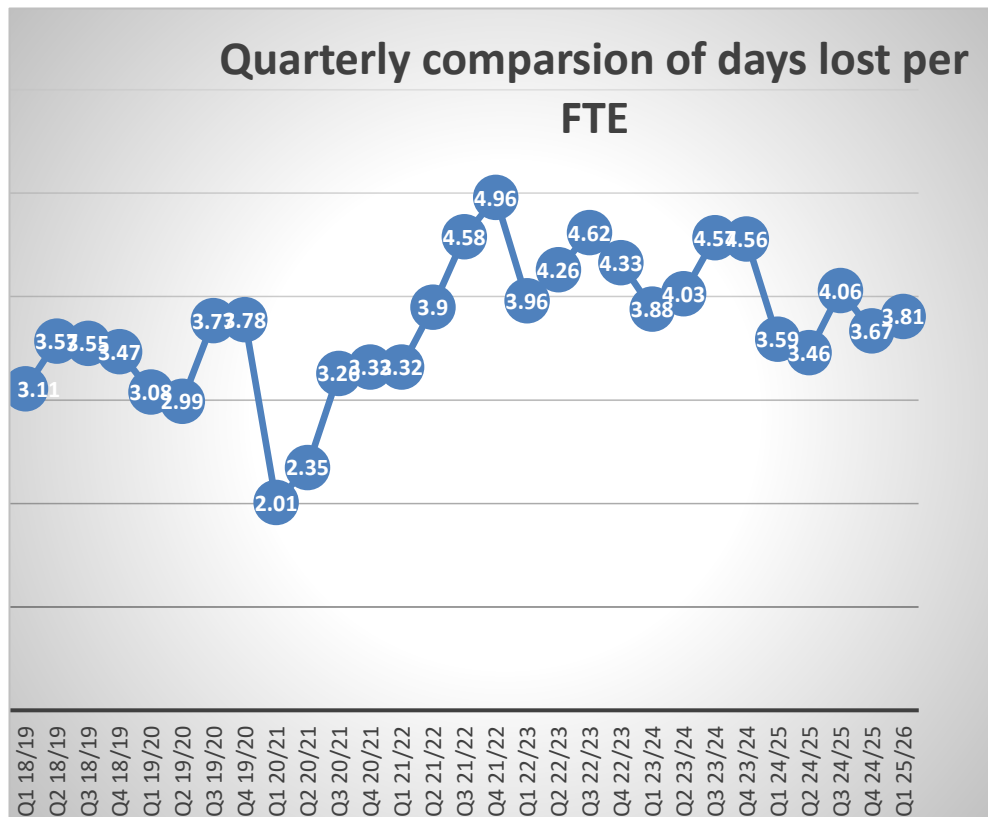


Figure 2:

Reason for absence:	Total days	% of total days
Stress. depression, anxiety	2969.79	34.55%
Musculo-skeletal	2474.3	28.79%
Stomach, digestive, etc	784.34	9.13%
Infections, inc colds & flu	584.9	6.80%
Heart, blood press, circ, etc	446.18	5.19%
Neurological, inc headaches	354.54	4.12%
Other	299.82	3.49%
Chest and respiratory	256.41	2.98%
Eye, ear, nose & mouth/dental	222.88	2.59%
Genito-urinary, inc menstrual	121.48	1.41%
Infections, Covid19	50.63	0.59%
Indust/Other	22	0.26%
Pregnancy related	8	0.09%
Totals	8595.27	

Figure 3

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Reason for discretion	Total days	% of total
Bereavement	389.77	17.03%
Planned Surgery and recovery	348.09	15.21%
Underlying medical condition / Disability	283.86	12.40%
Hospitalisation	188.97	8.25%
Work related stress	184.9	8.08%
Industrial Injury	138.83	6.06%
Mental Health	61.21	2.67%
Returned to work in line with OH recommendation	53.99	2.36%
Road traffic collision	43.97	1.92%
Emergency domestic responsibilities	24.05	1.05%
Broken bone	21.96	0.96%
Attempt made to return to work before fully fit	12.97	0.57%
Deferred pending OH	536.66	23.44%
Total	2289.23	
Total days lost in quarter one (April to June 2025)	8595.27	
% of total days lost where discretion applied in quarter one	26.63%	
Average days off per occurrence of discretion in quarter one	23.4	

Figure 4

Department	Total
City and Neighbourhood Services	91
City and Organisational Strategy	2
Corporate Services	2
External Affairs Comms & Marketing	0
Human Resources	0
Finance	0
Legal and Civic Services	13
Place and Economy	9
Property and Projects	24
Totals	141

Noted.

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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 June, 2025.

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

- Percentage compliance rates by department; and
- Employee and non-employee accidents.

She reported that there had been ten enquiries from the Health and Safety Executive Northern Ireland (HSENI) and one from the Northern Ireland Fire and Rescue Services (NIFRS) during quarter one 2025/26 and she summarised the content of the correspondence to the Working Group.

She outlined the key performance indicators for quarter one 2025/26, the outstanding high priority and fire actions, outstanding health and safety actions and the three-year accident trend analysis.

In response to a question from a Member with regard to work related violence and an increase in recent race related incidents, the Corporate Health and Safety Manager explained that quarter one reporting reflected figures up to the end of June and that any recent increase in incidents would be demonstrated in the quarter two analysis. The Director of HR added that she had not been aware of an increase in incidents, that staff were being encouraged to report incidents of work related violence, a programme of work was ongoing on assisting staff on how to address such incidents, and that any reported incidents would be raised at the Trade Union Forums.

Following a question from a Member with regard to manual handling in relation to coffin carrying, the Corporate Health and Safety Manager outlined the procedures in place and the Director of Finance agreed to review whether any of the claims provisions in the Financial Statements in relation to coffin handling.

The Chairperson thanked the Corporate Health and Safety Manager for providing consistency during a period of upheaval in her team which had been due to a number of vacant posts.

The Panel noted the report.

Review of Health and Safety Arrangements

The City Solicitor reported that there had been some resourcing issues within the Health and Safety Unit which had been addressed and that there was a wider issue with how promptly health and safety actions were being addressed and prioritised.

She stated that, Audit, Governance and Risk Services Team (AGRS), would undertake an advisory assignment to map out the end-to-end process for raising and closing Health and

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Safety/Fire Safety actions in order to identify any immediate priorities or blockages that could be resolved.

She stated that AGRS to undertake the deferred internal audit of Health and Safety in Q1 of 26/27, with the agreement of the Panel. She advised that an external review of Health and Safety arrangements in the Council, should take place after the completion of the deferred internal audit of Health and Safety by AGRS.

The Panel agreed in principle, to the external review and that a report would be brought back to the next meeting of the Panel, that would provide an update on the AGRS review of the end-to-end process for raising and closing Health and Safety/Fire Safety actions and a Terms of Reference for the external review of Health and Safety arrangements in the Council.

Financial Statement of Accounts

The Director of Finance provided the Panel with an overview of the Council's Statement of Accounts and incorporated Annual Governance Statement for the year ended 31st March, 2025.

He stated that, in previous years, the Panel had been asked to recommend that the Strategic Policy and Resources Committee approve the Statement of Accounts and Annual Governance Statement, however, any recommendation would be subject to the update being provided by Mr. P. Barr. He explained that he was awaiting confirmation of the Local Government Auditor's opinion that:

- the financial statements gave a true and fair view, in accordance with relevant legal and statutory requirements and that the Code of Practice on Local Authority Accounting in the United Kingdom 2024-25, of the financial position of Belfast City Council as at 31st March 2025, and its income and expenditure for the year then ended;
- the statement of accounts had been properly prepared in accordance with the Local Government (Accounts and Audit) Regulations (Northern Ireland) 2015 and the Department for Communities directions issued thereunder;
- the part of the Remuneration Report to be audited had been properly prepared in accordance with the Department for Communities directions made under the Local Government (Accounts and Audit) Regulations (Northern Ireland) 2015; and
- the information given in the Narrative Report for the financial year ended 31st March 2025 was consistent with the financial statements.

He summarised the following Council Reserves for the Panel:

- Capital Fund;
- Neighbourhood Regeneration Fund;
- Leisure Mobilisation Fund;
- Capital Receipts Reserve; and
- Other Fund Balances and Reserves.

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He explained that the overall level of trade debtors was standing at £4.7m as at 31st March and compared it to the previous year's figure of £5m. He stated that the Department for Communities had set councils a target of paying invoices within 30 days and that in the 2024/25 financial year, the Council had paid 69,191 invoices within ten days, 64,691 within 30 days and 7,433 invoices outside of 30 days and that the Council endeavoured to process invoices as quickly as possible and had an improvement plan to support the process.

The Panel noted the update.

Northern Ireland Audit Office (NIAO) - Draft Report to Those Charged with Governance

Mr. P. Barr explained that the report has not yet been finalised as there were still some ongoing audit queries regarding the bank reconciliation and that he anticipated that the report would be submitted within the following week.

The Chairperson requested that September meetings of the Panel be held later in the month to allow for the Draft Report to Those Charged with Governance to be submitted in advance of the meeting.

The Panel noted the update.

AGRS Progress Report August 2025

The Audit, Governance and Risk Services Manager provided the Panel with an overview of summary reports from the Head of Audit, Governance and Risk Services (AGRS) on the service's activity, that included summaries of specific internal audit reports.

He summarised the undernoted six assignment which had been finalised during the period from June to August, 2025:

- Belfast Waterfront and Ulster Hall (24/25 internal audit under the Service Level Agreement);
- Insurance;
- Review of Governance Arrangements for BWUH Ltd;
- Labour Market Partnerships;
- People Strategy; and
- Internal Audit of the Corporate Risk on Digital Information Security.

He explained that an overview of progress against delivery of the 2025/26 audit plan indicated that 30% of planned activity was either underway or had been completed.

The Principal Auditor who had completed the review, provided the Panel with an update on the outcome of the AGRS review of the governance arrangements for Belfast Waterfront and Ulster Hall Ltd.(BWUH Ltd.) to ensure compliance with the Shareholders Agreement:

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She explained that regarding the arrangements within the Council, two main areas for improvement were identified relating to actions to better support the Shareholders' Committee and to strengthening the contract and relationship management processes.

She explained that four actions had been agreed with BWUH Ltd. management which aimed to improve the clarity and timeliness around consent for specified matters.

She confirmed that management in the Council/BWUH Ltd have indicated that they will implement these improvements by June 2026. The Panel requested AGRS to undertake a follow-up of the implementation of the agreed actions.

The Audit, Governance and Risk Services Manager referred the Panel to the audits which were in progress and pointed out that AGRS had continued to provide advice and consultancy services to management and listed work which had been undertaken by the Service in the period from June – August 2025.

He provided the Panel with a high-level update on issues which had been raised under the Raising Concerns Policy and explained that AGRS had been working closely with colleagues in External Affairs, Communications and Marketing to promote and communicate the recently updated policy. He advised the Panel that the investigation of data matches from the National Fraud Initiative was underway and in conjunction with the Central Transactions Unit, a review was taking place on investigations which had been completed. He added that no significant or material errors had been identified.

He explained that, given that AGRS was responsible for maintaining and supporting the implementation of the Council's Raising Concerns Policy, and in line with best practice to preserve the independence and objectivity of AGRS, agreement was being sought from the Panel to invite four quotations to procure a supplier to undertake an external review of the policy and related arrangements. He stated that an independent review would provide the Panel with independent assurance on current arrangements and identify any areas for improvement.

The Panel:

- Noted the AGRS Progress Report for the period June - August 2025;
- Agreed to the request to procure an external review of the Council's Raising Concerns arrangements; and
- Noted the schedule of future attendance of Directors at the Assurance Board/Audit and Risk 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

To present the Audit & Risk Panel with the Corporate Risk Dashboard summarising the key updates from the risk review

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for the QE June 2025 and to consider requesting a refresh of the corporate risks.

- 1.2 To update the Board on compliance with the Risk Strategy, based on the assurance statements for QE June 2025, 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:

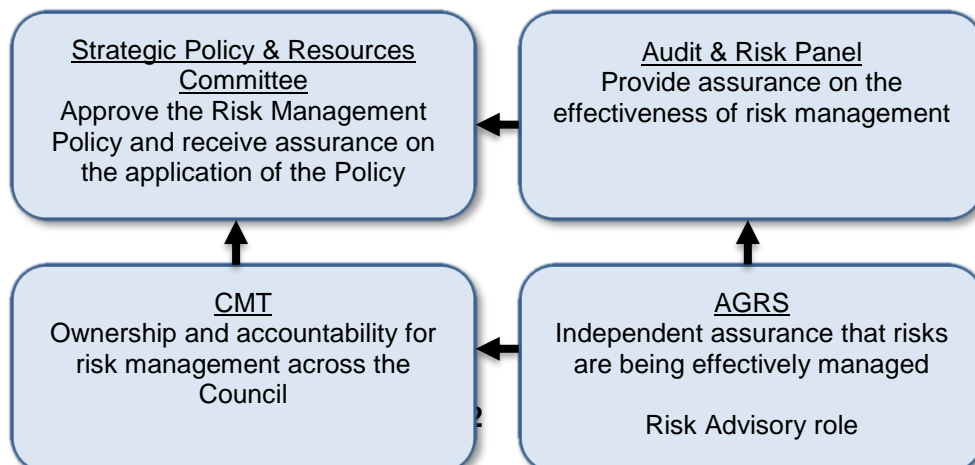
- a) Note the corporate risk management dashboard and agree the updates for QE June 2025 and to consider requesting a refresh of the corporate risks.
- b) Note the assurances from senior management regarding compliance with the Risk Strategy, based on the assurance statements for QE June 2025.
- c) The 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 QE June 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 QE June 2025 (appendix A) 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 has been one change to the risk assessment for a corporate risk. The likelihood of the Belfast Region City Deal (BRCD) – Programme Management Office / Accountable Body risk occurring has increased from 3 (possible) to 4 (likely), however the overall risk assessment remains unchanged at High. The increased likelihood reflects the cost pressures facing the remaining projects to be delivered.
 - The Orange Book Management of Risk – Principles and Concepts sets out that the board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives. A principal risk is a risk that can seriously affect the performance or reputation of the organisation
 - In the light of the new corporate plan 2025 – 28 that was launched in June 2025 and bearing in mind that the majority of corporate risks (15/23) have been on the corporate risk register since at least 2019, the Board / Panel is asked to consider whether it would be appropriate for CMT to hold a short risk workshop to refresh the current corporate risks.

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- **Fleadh Cheoil** – the team are aiming to run a risk workshop in September / October to identify the key risks that could impact on delivery of this major event. The output from this workshop will enable the Board / Panel at their next meeting, 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.
- **Private Sector Partner** – the team held a risk workshop in June to review and update the risk register for the current phase of the programme. The team are currently working through the mitigations for each risk. The updated risk register will enable the Board / Panel to consider whether it would be appropriate for a new risk to be added to the corporate risk register around delivery of this programme, so that there is corporate oversight and visibility of the management of this risk.
- **Climate** – the risk update indicates that the team have the governance arrangements and processes in place to allow the Council to prepare the first report by the deadline of 31st October 2025, required by the Climate Change (Reporting Bodies) Regulations (Northern Ireland) 2024.
- 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.

11 actions to manage the corporate risks were implemented in the quarter

Horizon Scanning

3.4The Panel were provided with an update on the key themes to emerge from the horizon scanning process including preparation for the implementation of Martyn’s Law. The report updated the Panel also on compliance with the Risk Strategy, based on the assurance statements for the quarter ending June 2025 which had been completed by senior management.

Business Continuity Management (BCM)

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- 3.7 AGRS has reminded all critical services of the following BCM policy requirements to be undertaken by 31st March 2026:**
- Annual review and update of BCM Plans to ensure that they reflect any changes, provide adequate guidance, raise staff awareness and are clear on priorities.
 - Annual exercise of the BCM Plans to provide meaningful assurance on the ability to continue to deliver the critical service in the event of an incident.
- 3.8 To help ensure that BCM exercises are planned effectively, critical services have also been asked to plan and sign off their BCM Exercise Plan by the end of August 2025.**
- 3.9 Last year all critical services were asked to review and update their Business Impact Analysis (BIA); as of 15th August, BIA remain outstanding for two services; Building Control and Property Maintenance. Management have explained the reasons for the delays and will endeavour to submit their updated BIA later in 2025/26.**
- 3.10 The Business Continuity Group has been re-established and meets twice a year, with the next meeting scheduled for January 2026.**

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 QE June 2025 and to a refresh of the corporate risks;
- Noted the assurances from senior management with regard to compliance with the Risk Strategy, based on the assurance statements for QE June 2025; and
- Noted the current position regarding the review and update of business continuity plans for the critical services.

2024-25 Performance Improvement Self-Assessment Report

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 paper is to present for the consideration of the Audit and Risk Panel the annual Performance Improvement Self-Assessment (2024-2025) report.

2.0 Recommendations

- 2.1 The Panel is asked to:

- i. Review and approve the 2024-25 Performance Improvement Self-Assessment report (as attached at Appendix 1)
- ii. consider and agree proposed next steps for the Self-Assessment report as set out below
 - 9th September: Audit and Risk Panel approval of PIP Self-Assessment 2024/25
 - 19 September: SP&R approval of ARP minutes
 - 30 September: Publication of PIP Self-Assessment 2024/25 on council website
 - 1 October: Council ratification of SP&R decision.

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 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 Sept.

2024-25 Performance Improvement Self-Assessment Report

- 3.2 Members will be aware that in the [2024-25 Performance Improvement Plan](#), agreed by SP&R on the 21 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 The Panel will recall that they were presented with a Quarter 4 2024-25 position on 3 June 2025 which has formed the basis of

the draft annual Performance Improvement Self-Assessment Report (attached at Appendix 1) which is to be published before the mandatory 30 September deadline.

3.4 The Performance Improvement Self-Assessment report can be summarised as follows:

- All 6 improvement objectives have been achieved
- 100% of actions were either achieved/completed or partially achieved
- 40 (82%) performance indicators were on target or exceeded target (within 1% or better) – 4 statutory, 36 self-imposed
- 5 (10%) were adrift of target (more than 5%) – 3 statutory, 2 self-imposed – including:
 - 1) Resolving 75% of corporate complaints within timeframe.
 - 2) Introducing improvement actions for 90% of corporate complaints.
 - 3) Achieving the 15-week target for average processing time for local planning applications (statutory indicator).
 - 4) Achieving the 30-week target for average processing time for major planning applications (statutory indicator).
 - 5) Promoting jobs through business start-up activity, i.e., completing 325 business plans (statutory indicator).
- 39 (80%) performance indicators showed positive change (5 statutory, 34 self-imposed)
- 5 (10%) showed negative change (1 statutory, 4 self-imposed):
 - 1) Achieving 80% customer contact service level (people answered within 120 secs).
 - 2) Resolving 75% of corporate complaints within timeframe.
 - 3) Paying 90% of invoices within 30 calendar days.
 - 4) Paying 80% of invoices within 10 working days.
 - 5) Promoting jobs through business start-up activity, i.e., completing 325 business plans (statutory indicator).
- The following 2 performance indicators were adrift of target by 5% or more *and* did not show improvement on preceding years:
 - 1) Resolving 75% of corporate complaints within timeframe.

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- 2) Promoting jobs through business start-up activity, i.e., completing 325 business plans (statutory indicator).**

- 3.5** A rationale has been provided within Appendix 1 where targets have not been met or there has been no improvement. Where targets have not been achieved or there has been no improvement, these will be monitored via the 2025-26 Performance Improvement Plan, 2025-26 Corporate Delivery Plan or at a departmental level.

Next steps

- 3.6** Subject to consideration and agreement of the Self-Assessment report by the Audit and Risk Panel, the Council's Strategic Policy and Resources Committee will consider and ratify this decision at its meeting on 19th September 2025. This will enable the publication of the PIP Self-Assessment (2024-2025) on the council website by the statutory deadline of 30 September, with Council ratification of SP&R decision on 1 October 2025

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:

- Reviewed and approved the 2024-25 Performance Improvement Self-Assessment Report; and
- Agreed to the proposed next steps for the Self-Assessment Report.

Date of next meeting

The Panel noted that the next meeting was scheduled to take place on Tuesday, 2nd December, 2025.

Chairperson