

Audit and Risk Panel

Tuesday, 7th December, 2021

REMOTE MEETING OF AUDIT AND RISK PANEL

Members present: Alderman Rodgers;
Councillors Carson, Matt Collins, Hanvey,
Hutchinson, O'Hara; and Ms. G. Fahy.

In attendance: Mr. R. Cregan, Strategic Director of Finance and
Resources;
Ms. S. Grimes, Director of Physical Programmes;
Ms. C. Sheridan, Head of Human Resources;
Mr. M. Whitmore, Audit, Governance and Risk
Services Manager;
Mr. L. Mulholland, Audit, Governance and Risk
Services Manager;
Mr. T. Wallace, Head of Finance;
Ms. H. Lyons, Corporate Finance Manager;
Mrs. E. Eaton, Corporate Health and Safety Manager;
Ms. C. Kane, Director, Northern Ireland Audit Office;
Ms S. Williams, Governance and Compliance
Manager; and
Ms. C. Donnelly, Democratic Services Officer.

Apologies

No apologies were reported.

Minutes

The minutes of the meeting of 14th September were taken as read and signed as correct.

Declarations of Interest

No declarations of interest were reported.

Schedule of Meetings for 2022

The Panel approved the following schedule of meetings for the Audit and Risk Panel during 2022 (all meetings to commence at 12.30pm).

- Tuesday, 8th March,
- Tuesday, 7th June,
- Tuesday, 6th September; and
- Tuesday, 6th December.

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Absence Rates - Quarter 2 2021/22

The Panel considered a report providing information on the absence figures for quarter two of the financial year 2021/22. The Head of Human Resources reported that sickness absence for that period had been 7.18 days, which was a significant increase of 2.85 days compared to absence for the same period last year, however, the absence figure reduces to 6.22 days per FTE when COVID-19 related absences had been deducted. She stated that there had been an increase in absence classified as long-term (20+ days), 10773.00 days compared to 6673.38 days for the same period in 2020.

The Panel was advised that, a total of 144 employees had been recorded as absent due to COVID19 which accounted for a total of 1917.70 days (13.3 % of the total absence), and that COVID19 related absence accounted for, approximately one day per FTE employee (0.96 days).

She explained that stress, depression and anxiety equated to 33 % of all days lost due to sickness absence, however, 58% of these absences related to personal stress and that, the main reasons for stress related absence in the Council in 2020/21 were:

- Underlying mental health conditions (21.4%);
- Bereavement (17.6%);
- Family caring/sickness reasons (7.13%); and
- Work issues(20.3%).

She reported that 'Staywell', the new health and wellbeing hub had launched on 12th November, in collaboration with the Local Government Staff Commission, all NI Councils and the NIHE. She explained that, the hub had been designed to provide advice and information directly from expert organisations on a wide range of health and wellbeing issues and that, over the following year, the Council would be using Interlink to promote the hub and that 148 places had been allocated for line managers, on a managing work related stress web-ex event provided, at no cost, by the Health and Safety Executive.

She pointed out that, at the end of quarter two, Musculo-skeletal (MS) type absences accounted for approximately 24% (3414.14days) of the total absence with almost 91% of these absences attributable to personal reasons and that City and Neighbourhood Services Department accounted for approximately 76% (2607.95 days) of all musculo-skeletal type absence within the council 86% of which, had been attributed to employees in manual roles. She added that it reflected the overall Council figure which indicated that approximately 83% of musculo-skeletal absence is attributable to employees in manual roles.

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She highlighted that, approximately 52% of all musculo-skeletal absence had been attributed to underlying medical conditions which included arthritis, chronic back pain, prolapsed discs and tendonitis, and that, in total, 185 employees were off due to musculo-skeletal type reasons at the end of quarter two.

The Head of Human Resources referred to the analysis of the use of discretion, and pointed out that, from 1st July 2021 to 30th September, 2021, 509 employees had been off due to sickness absence (accounting for 7722.14 days) in quarter two, discretion had been applied to 86 of those employees, and the average length of absence where discretion had been used was 29.22 days per occurrence.

She explained that the range of reasons for discretion were as follows:

- Underlying medical condition / Disability (1093.15 days or 43.5%);
- Personal stressors (281.3 days or 11.19%);
- Surgery (248 days or 9.87%);
- Broken bone;
- COVID 19;
- Industrial Injury;
- Bereavement;
- Work related stress;
- Unresolved ER issues;
- Hospitalisation; and
- Redeployment;

She reported to the Panel that, Corporate HR had been working with the departments to make recommendations to manage cases where compliance issues had been discussed, and broke down the 102 cases, by department. She stated that examples of compliance issues included:

- Delayed scheduling of stage meetings;
- Failure to organise absence review meetings;
- Delayed referral to Occupational Health and/or Employee Counselling;
- Failure to update actions taken on corporate absence management system (PSE);
- Delays in dealing with other issues such as grievance, discipline, that has impacted
- on the management of absence; and
- Lack of a holistic approach to dealing with all issues relating to an employee.

She explained that, a review had been undertaken to identify the number of employees who had reached a Stage 4/final absence hearing (FAH) between July 2021 and September 2021 and that, 17 employees had met the trigger for a Stage 4/FAH in quarter two. She added that discretion had been used in eight of the cases due to significant, complex long-term COVID-19 cases, mental health and

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employee relations issues. She reported that six employees had been ill health retired, two were dismissed, and one employee had been re-issued a stage three warning.

She stated that, Corporate HR would continue to monitor departmental compliance with the attendance policy.

The Members were advised that, Corporate HR was reviewing the Attendance Policy and that consultation had commenced with the trade unions who had objected to the review of the Attendance Policy during the pandemic and that, subsequently, the Corporate Management Team agreed to put the consultation on hold for three months until the end of June, 2021 and when the consultation recommenced, the trade unions refused to engage as they still believed the review should not be carried out while the pandemic was ongoing. The Head of Human Resources reported that, the trade unions had been asked to reconsider and to provide comments by 28 October and that they had not responded.

She advised the Panel that Corporate HR would continue to address the issue with the trade union coordinators.

The Head of Human Resources stated that Corporate HR would continue to monitor departmental compliance with the attendance policy and that Chief Officers were being asked to prioritise absence management.

The Members of the Panel acknowledged the difficult circumstances that staff had been working in and the efforts being made to ensure continuity of services. The Members of the Panel agreed to note the content of the report.

**Update on Corporate Health and Safety
Performance Report**

The Corporate Health and Safety Manager outlined the progress against health and safety key performance indicators for quarter two. She highlighted that corporately, there had been 28% health and safety compliance and 43% fire safety compliance.

She referred to the outstanding health, safety and fire actions at end of quarter two 2021/22. She verbally updated that 5 of the 7 outstanding high priority fire safety actions were now closed and pointed out the following remaining high priority actions:

- Botanic Park Service Yard – Work Equipment;
- Duncrue – Health Surveillance;
- Duncrue – Work at Height;
- Ballymacarrett CC – Emergency Lighting;
- Botanic Park Service Yard – Fire Separation; and

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The Members of the Panel expressed their concern regarding the low compliance rate and the Corporate Health and Safety Manager agreed to bring information to the next meeting on how long actions had been outstanding for.

She reported that, in quarter two, there had been 20 employee accidents, 6 non-employee accidents, 8 RIDDOR accidents and 16 work related violence incidents and that, overall there had been a reduction on incidents, compared with quarter one.

The Panel was advised that, the Corporate Health and Safety Unit would continue to support the Council's COVID recovery Co-ordination Group and individual service managers, in order to comply with evolving government guidance and to ensure the health and safety of staff and members of the public. She added that the unit would also continue to support the roll out of regular lateral flow testing for Council staff and Council supported community and small business collection points.

The Panel agreed to note the content of the report.

**Property Maintenance Audit - Progress Update
from Management**

The Director of Physical Programmes updated the Members on the progress made to address issues which had been highlighted in the draft audit report on Property Maintenance which had been issued in January 2021 and contained 12 recommendations and two observations.

She advised the Panel that, the implementation of the recommendations was dependent on two key elements:

1. A new fit-for-purpose structure in place to develop solutions in respect of the recommendations and the capacity to implement them; and
2. A corporate asset management system that would provide inherent solutions to a number of the recommendations and assist with others.

She stated that it had been recognised, that the existing Property Maintenance structure, which had been implemented in 2006, was no longer fit for purpose given the changes that have taken place within the organisation. She added that Property Maintenance had been operating with a 30% reduced capacity due to vacancies which could not be filled and sickness absence, and together with the impact of COVID, the unit's available capacity had been focused on keeping Council assets operational and legally compliant.

She reported that a new fit-for-purpose structure had been agreed with the Continuous Improvement Unit, which was prioritising its implementation, and that

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an outline business case had been prepared and submitted for review, new job descriptions were being drafted and staff were to be made aware of the proposed restructure through briefing sessions.

She explained to the Members that, weekly meetings had been taking place with Concerto (the new asset management system providers), to progress ongoing work on the configuration of the Asset Management System.

She pointed out that, some of the recommendations which were not contingent upon the implementation of the above key elements had been progressed or completed, which included improvements to procurement processes and planning and the agreement of new service level agreements for GLL and Belfast Waterfront and Ulster Hall.

The Director indicated that she would be content to provide the panel with a progress update and it was agreed that a report would be brought back to the next meeting.

The Panel agreed to note the content of the report.

**Northern Ireland Audit Office (NIAO) –
Final Report to those charged with Governance**

The Head of Finance advised the Panel that, The Local Government Auditor had issued her report to those charged with governance for 2020/21 which summarised the system/control issues which arose during the Northern Ireland Audit Office's 2020/21 audit and included recommendations for management action.

He reported that the Local Government Auditor had identified the risk of fraud in revenue recognition and management override of controls as having an impact on the audit approach, however, he added that during audit fieldwork, no significant issues had been identified in these areas.

He explained that, the NIAO had three priority levels:

1. significant issues for the attention of senior management which may have the potential to result in material weaknesses in internal control,
2. important issues to be addressed by management in their areas of responsibility, and
3. issues of a more minor nature which represents best practice.

He pointed out that, the Local Government Auditor had identified no priority one or two recommendations, and two priority three recommendations, which were:

- Cut off issue – recommendation to review all significant invoices and expected grant funding

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at year end to ensure they are correctly captured in the statement of accounts

- Covid 19 Supplier Relief - recommendation to perform checks to confirm the costs actually incurred by the supplier and the appropriate amount of Covid 19 Supplier Relief was paid

The Head of Finance outlined to the Panel, the Council's response to the report, which identified timescales, and advised the Members that, management would monitor the progress being made in the implementation of the recommendations and will provide progress updates to the Audit Assurance Board and the Audit and Risk Panel.

The Panel noted the content of the report.

NIAO - Final Annual Audit Letter

Mrs. C. Kane, Director of Northern Ireland Audit Office (NIAO) referred the Panel to the Belfast City Council Annual Audit Letter 2020/21, which was issued annually under Regulation 17 of the Local Government (Accounts and Audit) Regulations (Northern Ireland) 2015.

She summarised the content of the letter, highlighted that she was providing an unqualified audit opinion and focussed on the following areas:

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

She concluded by outlining upcoming areas which she believed that, the Council needed to be cognisant of and she referred to Brexit, COVID-19 and Belfast Region City Deal considerations.

The Chairperson thanked Mrs. Kane for her update and the Panel commended the work of the Finance team and the NIAO on the year-end accounts and audit particularly given the current situation and the Panel agreed to note the content of the report.

AGRS Progress Report - November 2021

The AGRS Manager presented the Panel with the progress report for the period and summarised the key findings from the six assignments completed in relation to:

- Follow-up review of Accounts Payable
- Police and Community Safety Partnerships;

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- Off Street Parking ;
- Local Full Fibre Networks - Checkpoint F Project Closure;
- HR / Payroll Project Sprint Review; and
- Cyber Security Strategy/Cloud Strategy.

He updated the Panel on project assurance and advisory work undertaken in respect of key corporate systems and programmes:

- Planning Portal;
- SAP Replacement; and
- Customer Focus Programme.

He reported that, at the end of November, 67% of the assignments in the plan had been completed or were in progress, and he outlined the range of work which was in progress.

He informed the Panel that, as part of the preparatory work to develop the Council's climate change adaptation and mitigation plan, the Climate Commissioner planned to procure an energy audit and emissions baseline, and he asked the Panel to consider whether there would be value in AGRS undertaking the planned internal audit of energy management during 21/22 or, whether it would be more useful, for AGRS to replace this with an audit of the management of the corporate risk on climate change.

He provided the Panel with updates in relation to the following items:

- Assurance map development;
- Investigations;
- Fraud risk awareness;
- Fraud risk action plans; and
- National Fraud Initiative.

In response to a question raised by a Member regarding the awareness around conflicts of interest, the Audit, Governance and Risk Services Manager advised that the Governance and Compliance Manager had been progressing awareness training following a recent audit of this area.

The Panel agreed to note the AGRS Progress Report for the period September – November 2021.

The Panel further agreed that AGRS undertake an audit of the management of the corporate risk on climate change in 2022/23, in place of the planned internal audit of energy management in 21/22.

**Corporate risk management report
Q/E September 2021**

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The AGRS Manager presented the Audit and Risk Panel with the Corporate Risk Dashboard for the quarter-end September 2021.

He updated the Panel, in respect of the following items:

- the reduction in the risk assessment for the corporate risk on the Belfast Region City Deal;
- The proposal that, the corporate risk register would be updated, to include the two projects in the Belfast Region City Deal where the Council was the lead partner, the Belfast Destination Hub / Belfast Stories and the Digital Strand;
- the current status of the corporate risk on the draft Local Development Plan Strategy, and the request that had been made to DfI, to share the PAC report with the Council;
- the development of the risk action plan for the corporate risk on Climate Change;
- the proposed new working for the corporate risk, for the new phase of the Resilience Strategy; and
- that all risks had been assessed, except the risks on Resilience Strategy and Asset Management.

He further summarised the ten actions that had been undertaken in the period to mitigate our corporate risks.

He highlighted that, there would be a need to examine, and where appropriate, reallocate corporate risks where the Deputy Chief Executive / Director of Finance and Resources and the City Solicitor / Director of Legal and Civic Services were owners during the quarter-end December risk review.

He went on to update the Panel on the completion of the quarterly assurance statements and the issues arising

He provided the panel with an update on Business Continuity Management (BCM) and that, the Council's emergency response to the impact of highlighting that all 15 critical services, aside from Bereavement Services, had reviewed and updated their BCM plans.

He also provided an update on the development of the BCM plans for the the Customer Hub and Property Maintenance, and an update on the workshop which had been held in October to test the Council's current incident response arrangements for a cyber-attack and to identify any gaps.

The Panel agreed to note:

- i) The corporate risk management dashboard and update for quarter-end September 2021 including the reframing of the corporate risk regarding the Resilience Strategy and the proposal for two new risks to be added regarding the Belfast

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- Destination Hub / Belfast Stories and the Digital Strand of the Belfast Region City Deal;
- ii) Assurances from senior management regarding compliance with the Risk Strategy, based on the assurance statements for quarter-end September 2021; and
- iii) The current position regarding review and update of the business continuity plans for the critical services.

**Annual review of Risk Management Strategy /
BCM Policy**

The Audit, Governance and Risk Services Manager gave the Panel an overview of the following report:

“1.0 Purpose of Report or Summary of main Issues

The Audit & Risk Panel’s terms of reference include consideration of the Council’s framework of assurance, monitoring the effective development and operation of risk management in the Council and approving the Risk Management Strategy. This report addresses these requirements in relation to risk management and business continuity management.

2.0 Recommendations

That the Audit & Risk Panel notes the results of the annual review of the Council’s Risk Strategy and Business Continuity Management policy.

3.0 Main report

Risk Management Strategy

Risk Management Strategy

The Council is required by statute to have arrangements in place for the management of risk. Legal requirements aside, effective risk management is required to ensure the continued financial and organisational well-being of the Council. The updated Risk Strategy was approved by the Council in February 2019 and is reviewed and updated annually.

Annual Review of the Risk Strategy

On behalf of the Deputy Chief Executive / Director of Finance and Resources, AGRS are responsible for

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maintenance of the Risk Strategy and, as such, we review the strategy regularly to ensure that it reflects current legislation and best practice.

In terms of ensuring that our Risk Strategy reflects best practice, we undertook a review of the Councils risk management arrangements against the main principles set out in the Orange Book 'Management of risk - Principles and Concepts' and presented the results of the gap analysis to the December 2020 meetings of the Board / Panel. At that time, we assessed that the Council is complying with the main principles of the Orange Book and we identified five areas for further improvement. An update on progress in each of these areas is set out below:

Improvement action: While values and behaviours have been defined, they have not yet been effectively communicated and embedded at all levels. This should be addressed with the finalisation and implementation of the People Strategy.

Update: The People Strategy has been revised and is currently planned to go out to consultation in March 2022, however the timing of this will be kept under review. The finalisation and communication of the strategy along with the development of an action plan is currently planned for June 2022.

Improvement action: AGRS to ensure that sufficient consideration is given to re-starting the usual quarterly assurance process in 2021/22.

Update: In March 2021 the Audit & Risk Panel agreed to extend the re-focussed quarterly assurance statements into 2021/22. This will be reconsidered at the meeting of the Panel in March 2022.

Improvement action: While the Council has a range of performance management measures in place and meets our objectives under the improvement plan requirements, there is no overarching documented performance management framework. AGRS to ensure that the current system of regular risk review and reporting to members and management aligns with any work being undertaken to develop an overarching corporate performance management framework.

Update: This is being discussed by the Director of City and Organisational Strategy and the Deputy Chief Executive / Director of Finance and Resources who have indicated that this matter is not sufficiently resourced at present, while at the same time pointing out that the customer focus improvement is driving the changes needed to improve performance

Improvement action - The risk management framework is built on the Three Lines of Defence Model, with risk management processes and systems in place (control); regular risk management reporting to confirm that these processes and systems are in place (oversight) and; audits and reviews that provide independent assurance that these processes and systems are well designed and operating in practice. (Independent assurance). To further build on this, AGRS will work with risk owners to help them assess the assurances available for each corporate risk at the 1st 2nd and 3rd lines of defence.

Update: In September 2021 the Board / Panel received a report outlining the benefits of developing an assurance map for the council's corporate risks and key financial systems and agreed for AGRS to take forward this piece of work. The concept of three lines of assurance has been introduced to the quarterly meetings that the AGRS team has with corporate risk owners and the corporate risk action plans updated based on the management updates at those meetings.

Improvement action - Following agreement of the corporate risk update in the light of Covid-19, AGRS to re-start the corporate risk management dashboard style report.

Update: the corporate risk dashboard re-commenced for the QE December 2020 and reported to the March 2021 meetings of the Board / Panel

As agreed by the Board / Panel in March 2021 the Risk Strategy was updated to include an additional paragraph to the risk appetite statement which is set out in bold text below:

"Belfast City Council aims to be risk aware, but not overly risk averse and to ensure that the organisation takes a balanced approach to risk taking in order to deliver its corporate priorities and agreed outcomes for the City."

The Council recognises that, in pursuit of its priorities and outcomes, it may choose to accept different levels of risk in different areas. As a result, it has established and articulated risk appetites for different categories of risk – for risks falling into the Finance, Governance & Compliance and Reputation categories it has a minimalist risk appetite, for risks falling into the Programme & Project and Customers & Services categories it has a cautious risk appetite and for risks falling into the Strategic and Innovation categories it has an open risk appetite. Action should be taken to manage risks down to a level which falls within the agreed risk appetite for that category.”

Our review did not identify any updates needed to the Council's Risk Strategy. A link to the current Risk Strategy is provided below:

<https://belfastcitycouncil.sharepoint.com/sites/intranet/intranet/Documents/risk-strategy.pdf>

There is an external review of the Council's risk management arrangements planned for 2022 and this should provide some useful feedback on our Risk Strategy.

Annual Review of the Business Continuity Management Policy

Business Continuity Management (BCM) provides the Council with a framework to allow it to effectively respond to incidents and to continue to delivery critical services. The Business Continuity Management Policy outlines the Council's policy, requirements and roles and responsibilities for its BCM systems. The Policy is reviewed and updated annually.

On behalf of the Deputy Chief Executive / Director of Finance and Resources AGRS are responsible for maintenance of the Business Continuity Management policy and, as such, we review the policy at intervals to ensure that it reflects current legislation and best practice.

During the last review, two further services were added to the original list of 15 critical services, Property Maintenance and the Customer Hub. As covered in the corporate risk management report for QE September 21,

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the BCM plan for the Customer Hub is substantially complete. The development of the BCM plan for Property Maintenance has been delayed due to resource constraints in the unit.

The current policy is based on a summary review of our processes against ISO 22301 requirements undertaken in November 2019. At the time we had indicated that a more detailed review of our policy against ISO 22301 would be undertaken in 2020, however this was deferred due to other pandemic related priorities. We will ensure that the audit plan for 22/23 includes a gap analysis of our arrangements against ISO 22301, with the results reported back to the Board / Panel.

Only one minor update is proposed to the policy – remove the reference to the customer contact centre for Street Cleansing as this is now the responsibility of the Customer Hub, which is a separate critical service.

A link to the current Business Continuity Management policy is provided below:

<https://belfastcitycouncil.sharepoint.com/sites/intranet/intranet/Documents/business-continuity-management-policy.pdf> ”

The Panel agreed to note the content of the report.

**Audit and Risk Panel Training / Audit and Risk Panel
Assessment against Good Practice**

The Audit, Governance and Risk Services Manager outlined to the Panel, the proposed approach for the delivery of Audit and Risk Panel training for 2022/23. He stated that the proposals consisted of a tightly focussed and interactive, in-person, training/briefing session for the Panel, and that the draft outline objectives for the session were:

- Strategic context of the Council and impact on the Audit & Risk Panel;
- Audit and Risk Panel role and responsibilities;
- Snapshot of the following arrangements;
 - Assurance framework;
 - Risk management / key risks;
 - Fraud / whistleblowing;
 - Internal audit; and
 - Performance management and improvement.
- Value of the Audit and Risk Panel / case studies;

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- Maximising the value of the Audit and Risk Panel; and
- Current developments.

He outlined to the Panel, progress on the implementation of the actions arising from the April 2021 Audit and Risk Panel training session and highlighted that all actions had been fully implemented.

He informed the Members that, an initial assessment of the Audit and Risk Panel effectiveness against the CIPFA “Audit Committees: Practical Guidance for Local Authorities and Police” (2018) had been undertaken by the service and had found that, in line with previous years, it had found the Panel to be in compliance with best practice.

He pointed out that, the establishment of the Standards and Business Committee, had been a key change from the previous years’ assessment. The potential role of the Audit & Risk Panel in relation to this new committee would be considered as part of the review of the Panel’s Terms of Reference in March.

The Panel noted the progress update and agreed to the proposed approach for delivery of the 2022/23 Audit and Risk Panel training session, including the proposed timings and outline objectives.

The Panel further agreed that, it was satisfied with the initial assessment of how the Panel complied with recommended practice for Audit Committees.

External Assessment of AGRS

The Audit, Governance and Risk Services Manager advised the Panel that, in line with the Local Government (Accounts and Audit) Regulations (NI) 2015, Audit, Governance and Risk Services must comply with the Public Sector Internal Audit Standards by undertaking regular internal self-assessments and periodic (once every five years) external assessments.

He reported that the last external assessment was reported to the Panel in December, 2017, therefore, the next external assessment was due to be completed in 2022. He stated that the assessment would consider compliance with standards and, where appropriate, would make practical measures for improvement.

He informed the Members that, a specification had been drafted in line with quotation guidance and would be issued to four independent suppliers, who would be invited to submit a competitive quotation for the work. He added that it had been proposed that the Deputy Chief Executive / Director of Finance and Resources would approve the award of the work following evaluation of the quotations.

He outlined the proposed scope of the review, as follows:

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- Review of the extent to which AGRS complies with Public Sector Internal Audit Standards (PSIAS);
- Review of the Council's risk management arrangements; and
- A high-level review of the extent to which AGRS complies with Public Sector Internal Audit Standards (PSIAS) regarding the delivery of an internal audit service to arc21.

The Panel agreed to approve the proposed scope of the external assessment of AGRS and that, the Deputy Chief Executive/Director of Finance and Resources would approve the award of the work following evaluation of quotations, in line with quotation guidance.

Update on the Coll Report Recommendations

The Governance and Compliance Manager provided the Panel with a quarterly update on the agreed actions to be taken in relation to the recommendations contained within section six of the report from Mr. Peter Coll QC, as part of his independent investigation relating to events at Roselawn Cemetery on 30th June, 2020.

She outlined to the Members, the proposed action plan in response to Mr. Coll's recommendations, which included:

- Member/Officer communications and decision making;
- Workforce, structures and culture;
- Crisis Management; and
- Improvements to Roselawn Crematorium.

The Panel noted the progress made to date.

Performance Improvement

The Panel considered the undernoted report:

“1.0 Purpose of Report or Summary of main Issues

This purpose of this report is to present the Quarter 2 status update (on progress made against activities contributing to the Improvement Objectives contained within our 2021-22 Improvement Plan.

2.0 Recommendations

The Panel is asked to:

- **Note the Q2 status update on the 21-22 Improvement objectives**

- Note the arrangements for Performance Improvement 2020-21 and 2021-22

3.0 Main report

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 an Improvement Plan. In light of the pandemic Councils were not required to produce a Performance Improvement plan for 20-21 as they focused on recovery. Instead in September 2020 the Belfast: Our Recovery document was published which sets out the areas identified that we needed to focus on in the short term during the pandemic, and looking forward, what we needed to build on and do to lay the foundations for sustained recovery.

The Act also requires that progress be monitored and reported in an annual assessment of performance. In the absence of an Improvement plan for this the Council produced a 2020-2021 year-end summary report on the statutory, prompt payments and sickness absence indicators with a link to the progress update on the recovery plan. This summary report was later published [online](#) ahead of the September 30th as required by legislation.

BCC Improvement Plan 2021 / 22

SP&R Committee in June agreed, via delegated authority to the Chief Executive to approve the Improvement Plan for 2021/22. The Improvement plan does not include everything that council plans to do that year, but instead focuses on a smaller set of key improvement priorities, as informed by resident priorities and evidenced by need. The Plan for 2021/22 includes six improvement objectives, aligned to the Belfast: Our Recovery plan, these are

The key elements of the Command Paper are;

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Our city
We will support our city to recover by helping to restore the social and cultural vibrancy of our city spaces and places in a safe and sustainable way
Our services
We will take steps to ensure our services adapt and improve in the short and longer term
Our communities
We will work with and support our communities, helping them to become stronger, healthier and more resilient
Our economy
We will work in collaboration with others to protect and create jobs and support people into employment
Our environment
We will take action to protect the environment and improve the sustainability of Belfast
Digital innovation
We will improve digital inclusion and enhance our digital infrastructure to support jobs, our economy, sustainability and wellbeing

The 2021/22 Improvement Plan was subsequently published on the council website by 30th June in order to meet the statutory deadline.

Attached at appendix 1 is the mid-year report on progress made against activities contributing to the Improvement Objectives contained within our 2021-22 Improvement Plan. It sets out the key milestones and provides a summary of activity under each objective. The report also includes the most up to date position in relation to the performance indicators included within the plan.

Progress against all the objectives is in the most part on target with only a few milestones that have been slightly delayed, ragged amber or red, with the explanations for the delays contained within the report. A further report on progress will be presented to the panel at the end of quarter 3.

The Panel should note that the Guidance accompanying the legislation advises that what we learn about our performance in these reports should be used to:

- **Help inform the content of our next Corporate Improvement Plan (due 30th June 2022) in terms both of ongoing activity and other actions that may address any shortfalls in the current Plan; and**
- **Form the basis of our next *Annual Improvement Report* which must be made available to the Local Government Auditor by 30th September 2022.**

Arrangements for Performance Improvement 2020-21 and 2021-22

As the Panel is aware the 19-20 NIAO audit and assessment of BCC's Improvement activity was completed in February 2021, in the context of the Covid-19 emergency the timeline was shifted. The NIAO had previously advised that the proposed deadline for final reports would be March 2021, however final audit reports have still to be issued by NIAO. The Panel will be updated once the final report has been received.

Guidance in relation to the format and requirements for the 2020/21 audit has not been formally agreed and issued. There was no requirement for a Performance Improvement Plan for 2020-21, and guidance has remained absent on what areas the audit will focus on for that reporting period. In the absence of any guidance, the performance unit compiled a short summary update and published the figures by the 30th September deadline.

The Performance Improvement Working Group, made up of representatives from each of the 11 Councils, on behalf of SOLACE NI, continue to have discussions with the Department for Communities and NIAO with regards to performance improvement. The Performance Unit has continued to engage in discussions via the Working Group on moving forward with performance improvement for 2021/22 and the format and requirements for the 2020/21 and 2021/22 audit. The Panel will be updated once information has been received on this.

Financial & Resource Implications

Audit fees will be calculated on the basis of the time spent by the NIAO on Belfast's audit and as previously advised this should be reduced this year, the Panel will be updated once information has been received on this.

Equality or Good Relations Implications/Rural Needs Assessment

None associated with this report."

**Audit and Risk Panel,
Tuesday, 7th December, 2021**

The Panel noted the Quarter two status update on the 21-22 Improvement objectives and the arrangements for Performance Improvement 2020-21 and 2021-22.

Chairperson