

NUNEATON AND BEDWORTH BOROUGH COUNCIL

Report to: **Environment and Leisure Scrutiny Panel, 19th June 2025**

From: **Risk Management and Performance Officer**

Subject: **INTEGRATED PERFORMANCE REPORT - THIRD AND FOURTH QUARTER 2024/25**

1. Purpose of Report

- 1.1 This integrated report seeks to provide appropriate performance information and risk data for service areas within the scope of this Panel.
- 1.2 The report has been adapted to reduce the volume of data (as previously reported under the former scrutiny panel arrangements) whilst still providing the Panel with sufficient information to monitor results to address issues arising.
- 1.3 **Important Note for Panel Members - Additional information**

Should panel members require additional information relating to performance **not fully explained by the comments supplied**, the following process is essential for the effectiveness of the meeting (to ensure that all issues can be addressed at the meeting):

- Having reviewed the report, the panel member should either ask for additional information to be provided ahead of the meeting or, if necessary, request that the relevant officer(s) attend the meeting. In either instance, the panel member should contact the Chair at their earliest opportunity
- The Chair will then advise the Committee clerks to make the necessary arrangements

2. Financial Data

- 2.1 The Overview and Scrutiny Panel (OSP) should note from Q1 of the 2024/2025 financial year, the Integrated Performance Report does not have any financial data that would otherwise be included in reports sent to Cabinet. This will help mitigate any possible confusion amongst officers and elected members, with regards to duplicated financial information. It will also reduce officer time spent producing multiple reports with the same/similar financial data. Previously, financial reports have been reported to both Cabinet and OSP's, and in the case of OSP's, only the financial data relevant to that OSP was presented. This resulted in financial data being compiled and manually separated between OSP's by officers.
- 2.2 The remit of the OSP panel includes scrutinising and reviewing decisions made by the executive and can "call in" a report (if stated within the report itself). Members of each OSP panel are reminded they receive links to Cabinet agendas, reports and meeting minutes which should be being reviewed. Members of the OSP may also discuss and agree whether an item should be added to the OSP work programme for scrutiny purposes, allowing a specific report or update to be provided by the Executive, Cabinet Member and/or Officer(s). Details of the "call-

in” process is included in the OSP Procedure Rules contained within the Constitution.

- 2.3 Each OSP should review the Forward Plan and where a decision has been made, members of the OSP should consider calling in an item if they have concerns which need discussing at a future OSP meeting. As per the May 2025 forward plan, the following financial reports are due to be considered by Cabinet in 2025

- General Fund Revenue Outturn (July Cabinet)
- HRA Revenue Outturn (July Cabinet)
- Capital Outturn (July Cabinet)
- Collection fund 2024/25 (July Cabinet)
- General Fund Budget Monitoring Q1 (September Cabinet)
- HRA Budget Monitoring Q1 (September Cabinet)
- Capital Monitoring Q1 (September Cabinet)

3. **Report Format**

Due to the timings of panel meetings, this report includes data for both the third and fourth quarters 2024/25.

The report consists of three parts:

- 3.1 **Appendix A** shows the results as at the end the third and fourth quarters (2 documents):
- The first page provides chart summaries for performance and Strategic Risk Register data within the remit of the panel, a summary of Freedom of Information and complaints and also a summary of Member Enquiry Forms.
 - Subsequent pages provide more detailed information on performance in areas within the remit of the panel. Charts are shown for each measure and “smiley / sad / neutral faces”, as appropriate, to indicate the performance trend. Comments are provided to ensure that Elected Members are made aware of issues relating to performance.
- 3.2 The Strategic Risk Register summary then follows (**Appendix B**). As this is a “live” document, it only shows the information as at the end of the fourth quarter - the latest status summary of the full register followed by the summary and current details of those risks **within the remit** of the panel.
- 3.3 Next is the latest Strategic Performance Report Executive Summary (**Appendix C**) showing the third and fourth quarter reports (2 documents). The Strategic Performance report has been developed to provide an overview of the Council’s position using the following categories:
- Collection Measures (Council Tax, Business Rates and Rent)
 - People and Service Delivery
 - Processes
 - Improvement

The report is reviewed monthly by Management Team.

It provides concise information on positive performance, areas of improvement and where performance is on or around target - comparing to best practice, and/or target and/or previous year, as appropriate.

4. Regulation of Investigatory Powers Act (RIPA) 2000 (covert surveillance)

- 4.1 An inspection report by the Office of Surveillance Commissioners highlighted the following recommendation:

“The importance of keeping the elected Councillors aware of any activity [or non-activity] under RIPA was appreciated and it was accepted that a minimal observation would be incorporated at regular intervals into officer’s reports”

Consequently, Elected Members should be aware that, as at the end of this quarter, there have been no surveillance operations.

- 4.2 Members should note that an Individual Cabinet Member Decision was made on 6th August 2024, approving an update to the Council's Regulation and Investigatory Powers Act Guidance and Procedure, due to changes in officers, as well as a new policy related to the monitoring and surveillance in the Workplace.

The latter, provides guidance for managers and employees in relation to various processes and tools in use that may capture data and information in the workplace. In an ever increasing digital world, the policy provides information about these processes and tools and how the information may be used to monitor the workplace, in the main to ensure efficient services and safety and welfare of employees.

- 4.3 The Council was requested by the Investigatory Powers Commissioner's Office (IPCO) to provide information and documentation in readiness for an upcoming inspection that was due in 2025. Please note, the last inspection was 2023. As part of the review, the IPCO have confirmed the Council will not require further inspection this year. That said, a couple of considerations have been proposed by the IPCO which will be considered and if necessary, reported to the Audit and Standards Committee during the 2025/2026 Municipal Year.

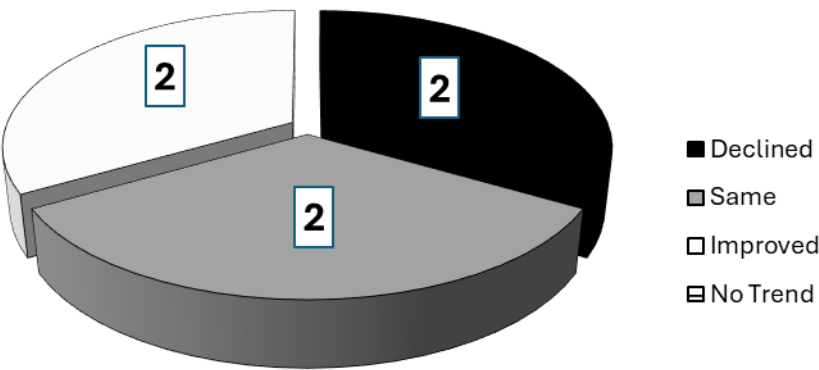
5. Recommendation

The panel is asked to scrutinise the performance information contained in this report and make any recommendations to the relevant Cabinet portfolio holder and/or Cabinet.

The panel may decide to establish an OSP Review Working Party, proposed, voted and agreed at an OSP itself, to review a specific item/activity. This would be made up of members from the OSP and the OSP would be required to set a clear scope and remit for the review.

STEVE GORE

Performance Measures Summary



Strategic Risk Register Summary

See Appendix A Fourth Quarter

Freedom of Information (FOI) / Environmental Information Regulations (EIR) Requests and Complaints Summaries – End of Third Quarter

| | Number Received 2024/25 (2023/24) | Completed 20243/25 (2023/24) | Late 2024/25 (2023/24) | Outstanding 2024/25 (2023/24) |
|------------------------------------|-----------------------------------|------------------------------|------------------------|-------------------------------|
| FOI / EIR Requests - 20-day target | 575 (525) | 575 (525) | 105 (102) | 0 (0) |
| Complaints -10-day target | 1,074 (1,270) | 1,074 (1,267) | 115 (142) | 0 (3) |

Member Enquiry Forms (MEFs) Summary
Third Quarter

| Number Received | |
|-----------------|---------|
| 2023/24 | 2024/25 |
| 111 | 286 |

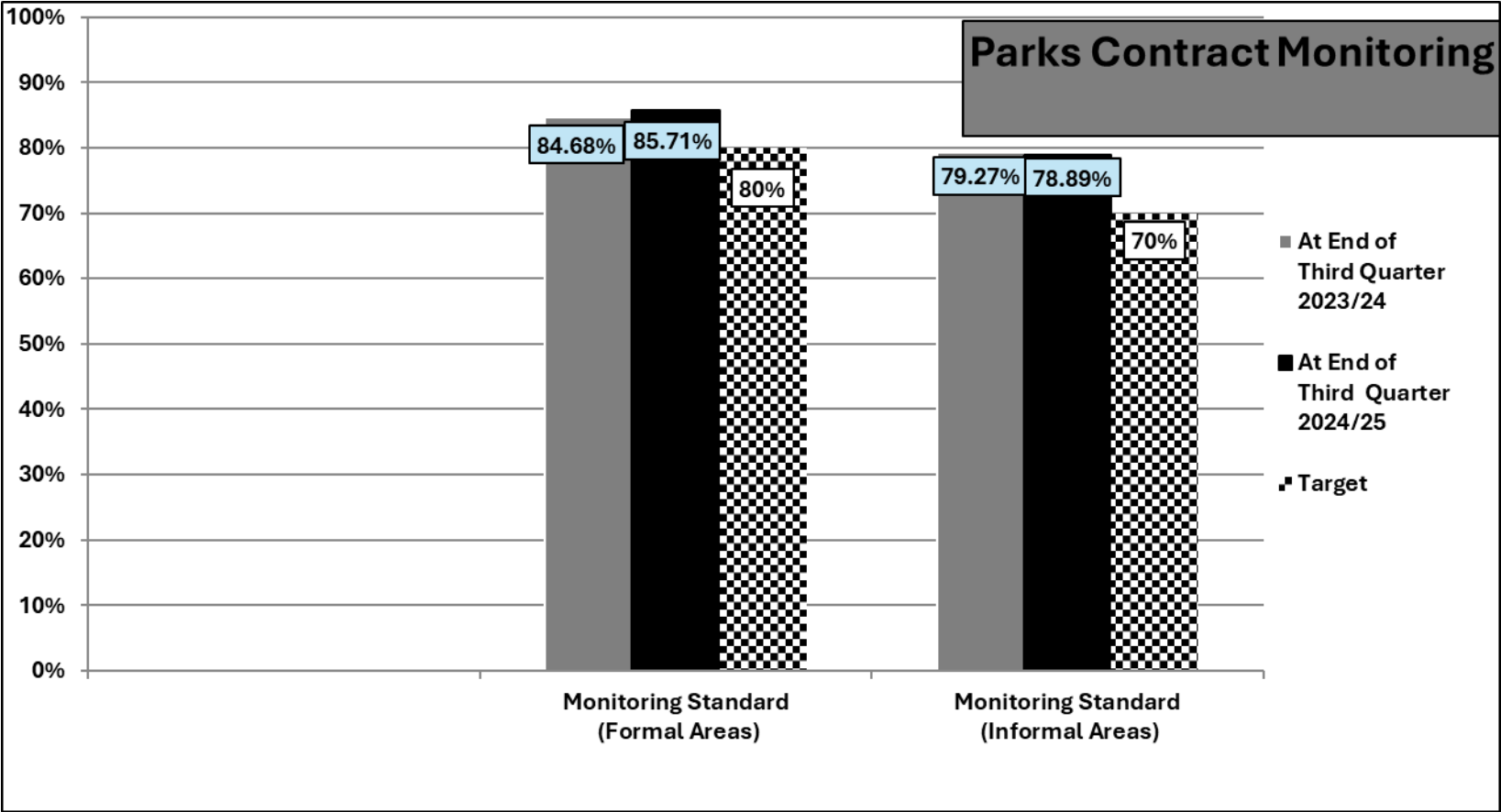
Subject trends identified in current quarter:

FOI / EIR – No trend(s) identified.

Complaints - No trend(s) identified.

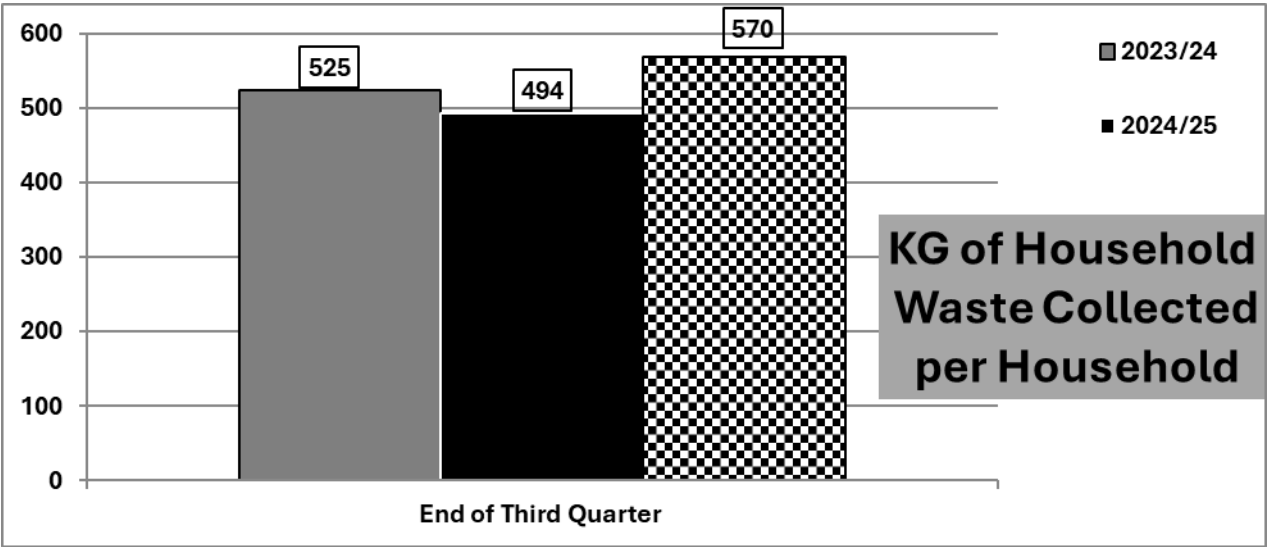
MEFs – 171 for Housing and 38 for Leisure and Culture (73%).

Measure of performance: **Parks**



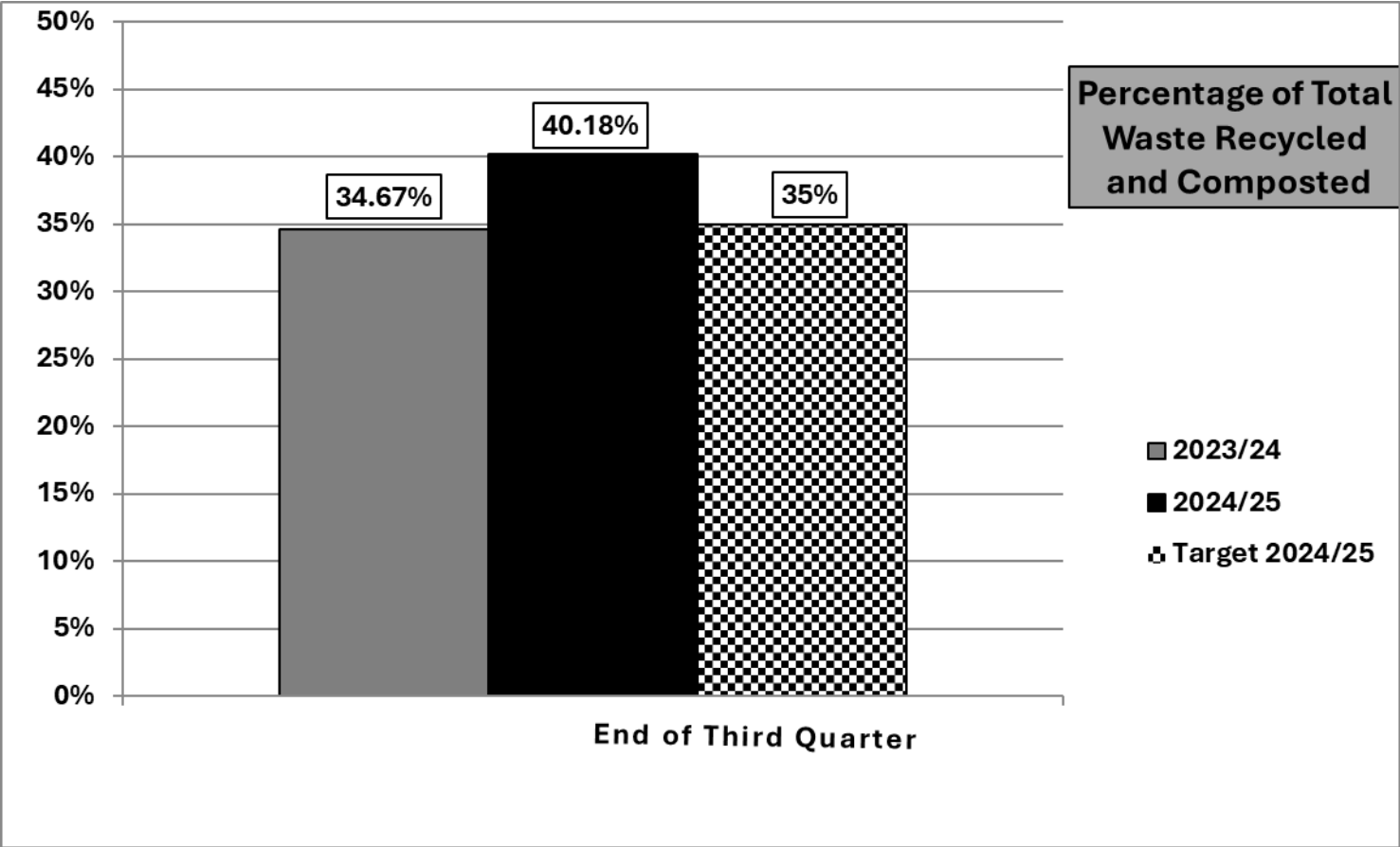
| Measure details | End of Third Quarter Performance 2023/24 | End of Third Quarter Performance 2024/25 | Comments | Trend indicator |
|-----------------|--|--|---|-----------------|
| Formal areas | 84.68% | 85.71% | Target is 80%. Both years above target. | ☹️ |
| Informal areas | 79.27% | 78.89% | Target is 70%. Both years above target. | ☹️ |

Measure of performance: ***Kg of Household Waste Collected per Household***



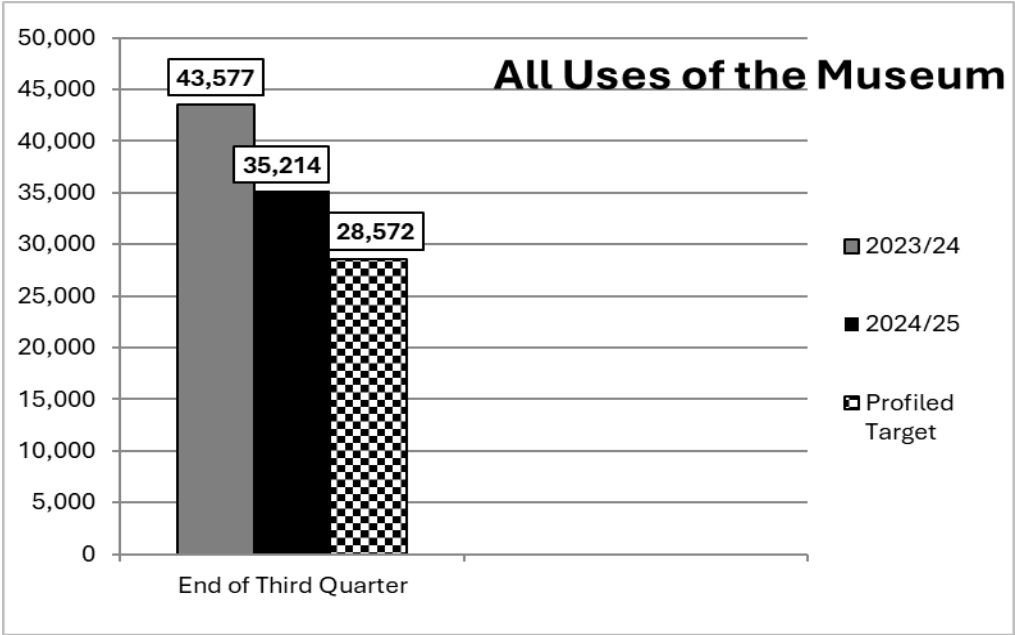
| Measure details | End of Third Quarter Performance | Comments | Trend |
|-----------------|----------------------------------|---|-------|
| 2023/24 | 525Kg | Low is good performance. The target range for 2024/25 is 530 - 570Kg. | 😊 |
| 2024/25 | 494Kg | | |

Measure of performance: **Percentage of Total Waste Recycled and Composted**



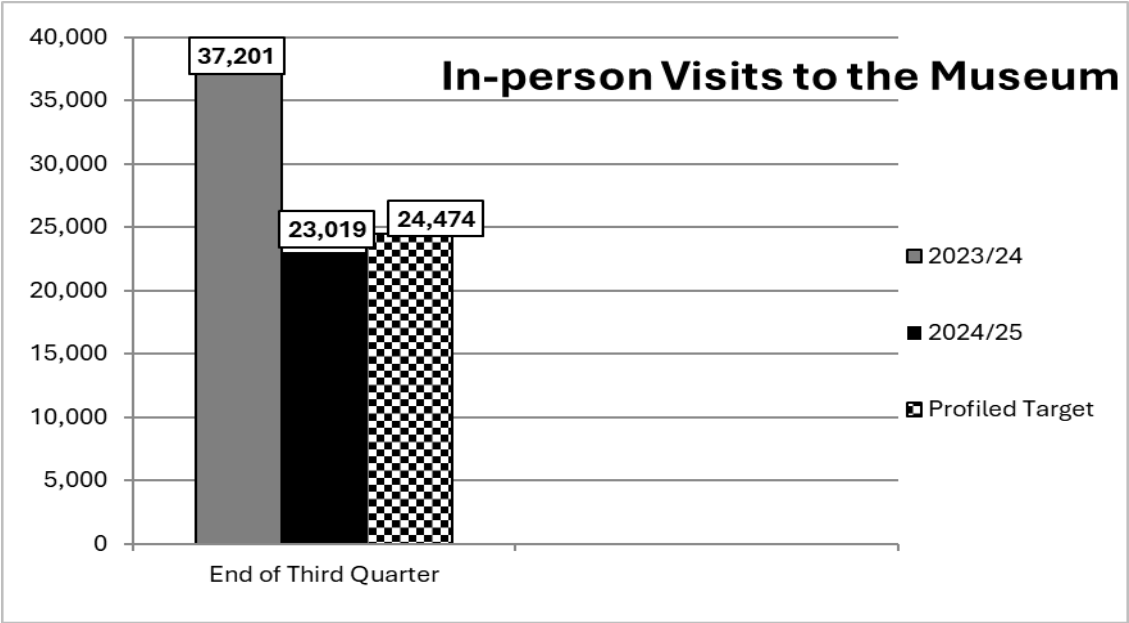
| Measure details | End of Third Quarter Performance | Comments | Trend |
|-----------------|----------------------------------|---|-------|
| 2023/24 | 34.67% | The target for the end of the third quarter is 35 – 42% * = It should be noted that the 2024/25 data excludes the applied contamination rate which is subject to a verification process. | 😊 |
| 2024/25 | 40.18%* | | |

Measure of performance: *All uses of the Museum*



| Measure details | End of Third Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|------------------------|--|---|-------|
| All uses of the Museum | 35,214 (43,577) | <p>This data includes non-trivial phone enquiries, audiences for talks and sessions outside the museum, users of loans boxes, outreach groups, those who read our WordPress blogs about the collections, Instagram posts which are about the collection or informative (not just marketing) and users of museum pages on the website.</p> <p>The profiled target for the end of the third quarter 2024/25 is 28,572. The target for the end of year is 34,063. Performance is above the profiled target for the end of the third quarter and also, at this stage, for the end of year target 2024/25. This is specifically as a result of the performance of the museum’s blog where posts, mainly by the Museum Access Assistants, continue to attract users at an unanticipated rate.</p> | ☹️ |

Measure of performance: *In-person visits to the Museum*

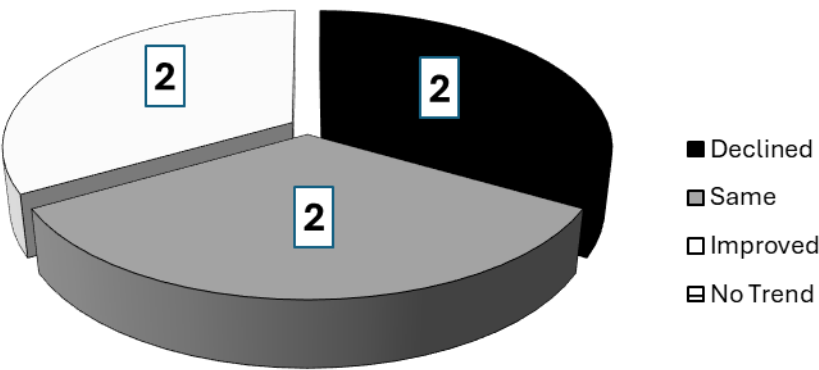


| Measure details | End of Third Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|--------------------------------|--|---|-------|
| In-person visits to the Museum | 23,019 (37,201) | <p>The profiled target for the end of the third quarter 2024/25 is 27,474. The target for the end of year is 32,615.</p> <p>The disparity is caused by the reduction in opening hours at the museum. Last year, during October, the museum was open Tuesday to Sunday, this year the museum was only open Wednesday to Saturday. For November and December, the hours were reduced even further to being open one Friday in four and every Saturday, rather than opening Thursday to Saturday.</p> <p>Vacant Museum Assistant posts have led to closures of 1 day during this period.</p> | ☹️ |

Summary:

The performance indicator trend data shows that 2 of the 6 key indicators have improved, 2 have declined and 2 have stayed the same.

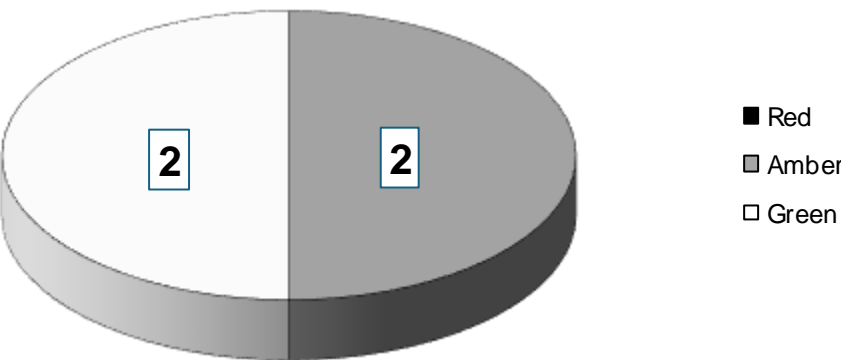
Performance Measures Summary



Freedom of Information (FOI) / Environmental Information Regulations (EIR) Requests and Complaints Summaries – End of Fourth Quarter

| | Number Received 2024/25 (2023/24) | Completed 2024/25 (2023/24) | Late 2024/25 (2023/24) | Outstanding 2024/25 (2023/24) |
|------------------------------------|-----------------------------------|-----------------------------|------------------------|-------------------------------|
| FOI / EIR Requests - 20-day target | 775 (744) | 775 (739) | 150 (150) | 0 (5) |
| Complaints -10-day target | 1,516 (1,584) | 1,516 (1,581) | 155 (173) | 0 (3) |

Strategic Risk Register Summary



Member Enquiry Forms (MEFs) Summary Fourth Quarter

| Number Received | |
|-----------------|---------|
| 2023/24 | 2024/25 |
| 109 | 187 |

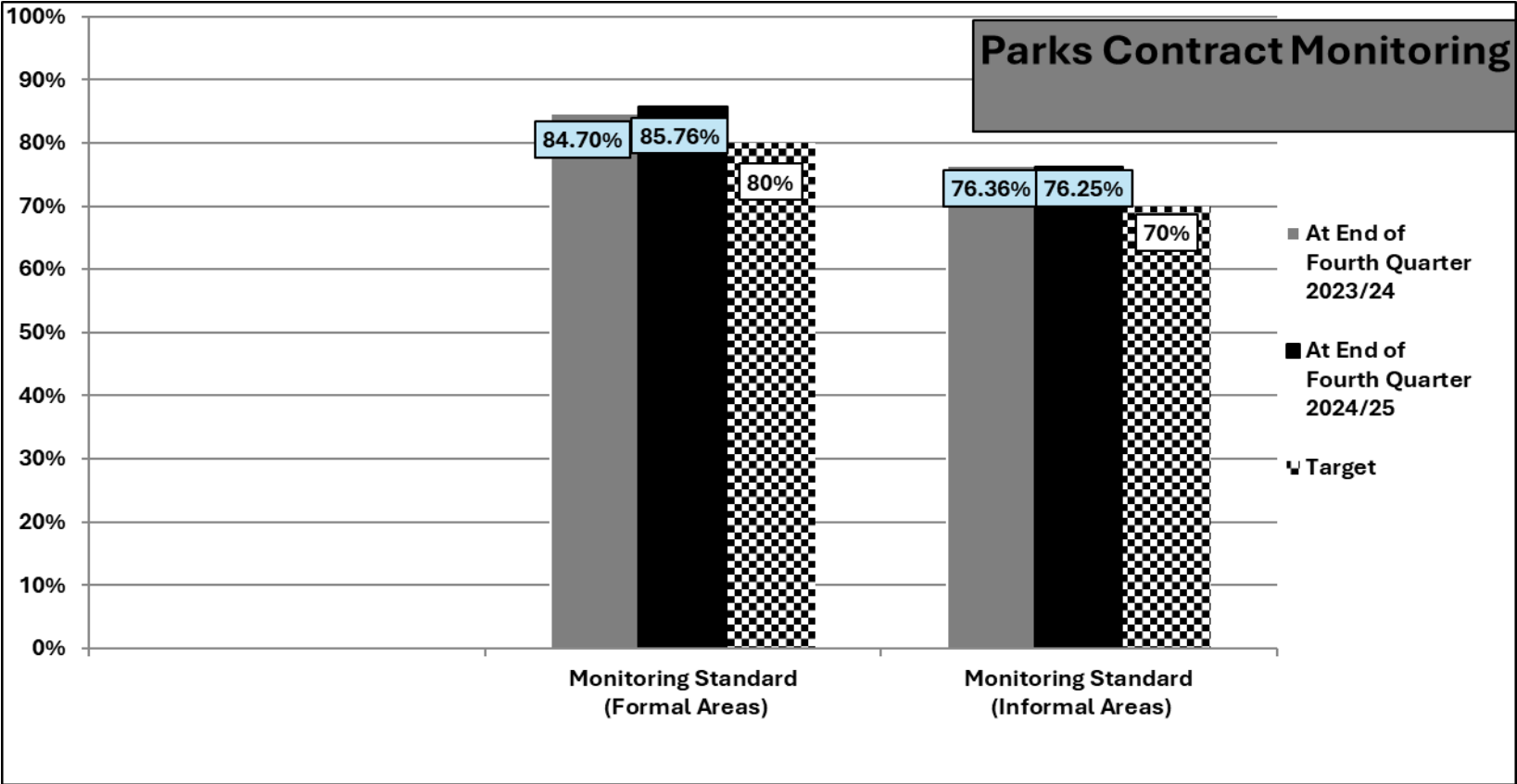
Subject trends identified in current quarter:

FOI / EIR – No trend(s) identified.

Complaints - No trend(s) identified.

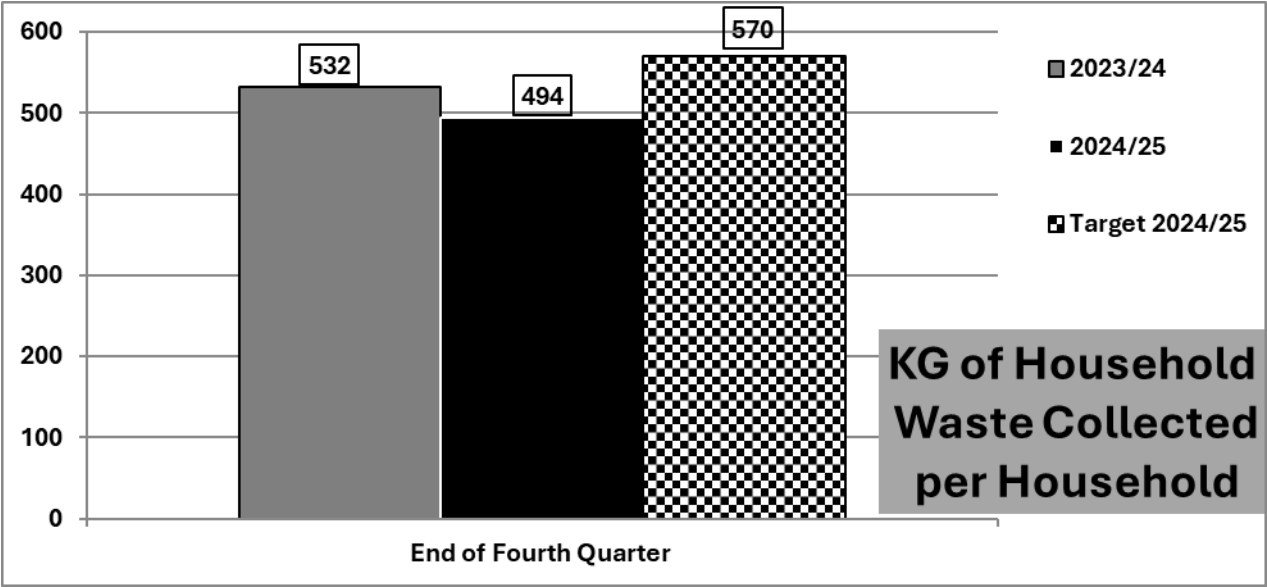
MEFs – 59 for Housing and 39 for Leisure and Culture (52%).

Measure of performance: **Parks**



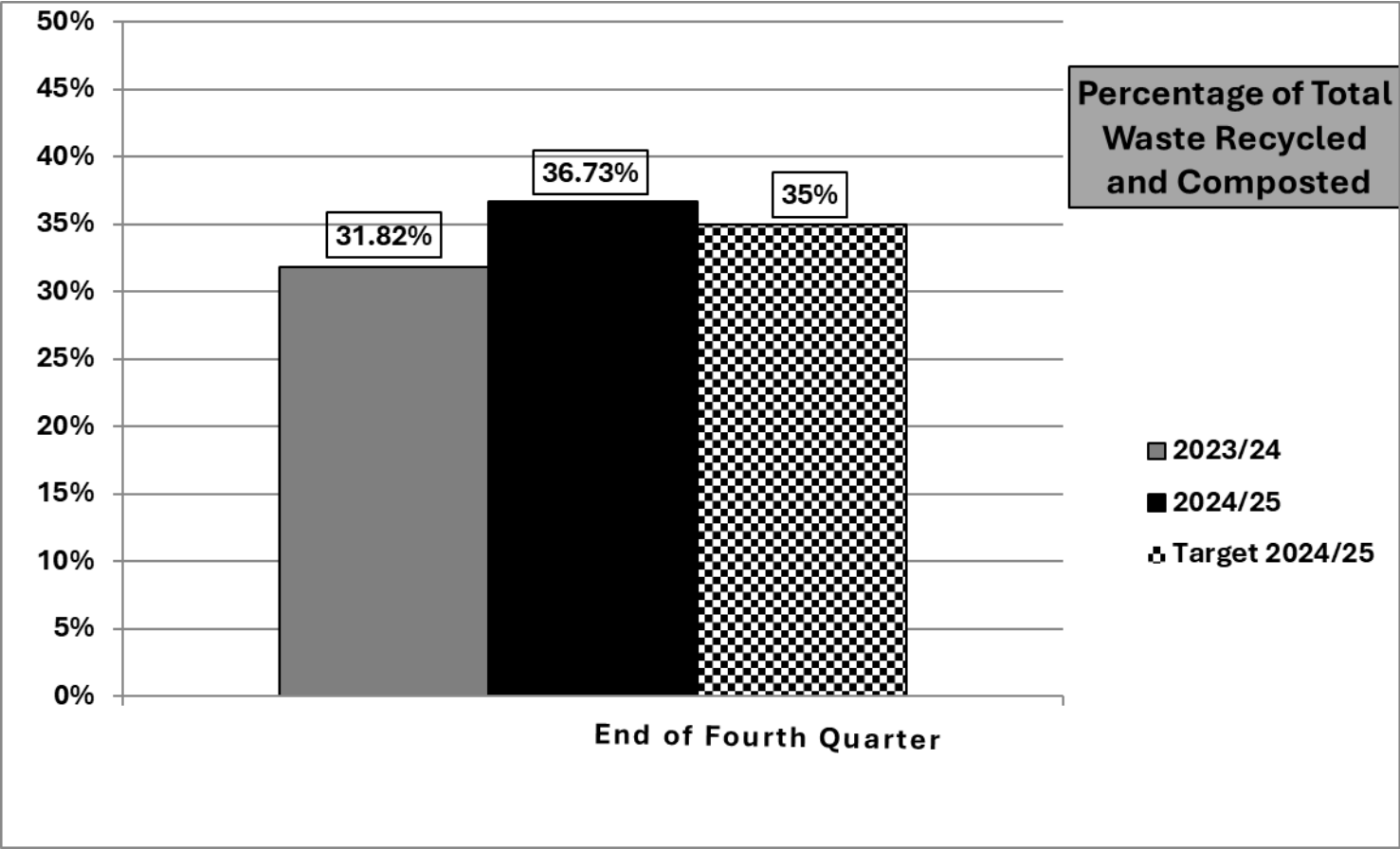
| Measure details | End of Fourth Quarter Performance 2023/24 | End of Fourth Quarter Performance 2024/25 | Comments | Trend indicator |
|-----------------|---|---|--|-----------------|
| Formal areas | 84.70% | 85.76% | Target is 80%. Both years above target. The trend indicator reflects comparable performance within tolerance (2.5%). | ☹️ |
| Informal areas | 76.36% | 76.25% | Target is 70%. Both years above target. The trend indicator reflects comparable performance within tolerance (2.5%). | ☹️ |

Measure of performance: ***Kg of Household Waste Collected per Household***



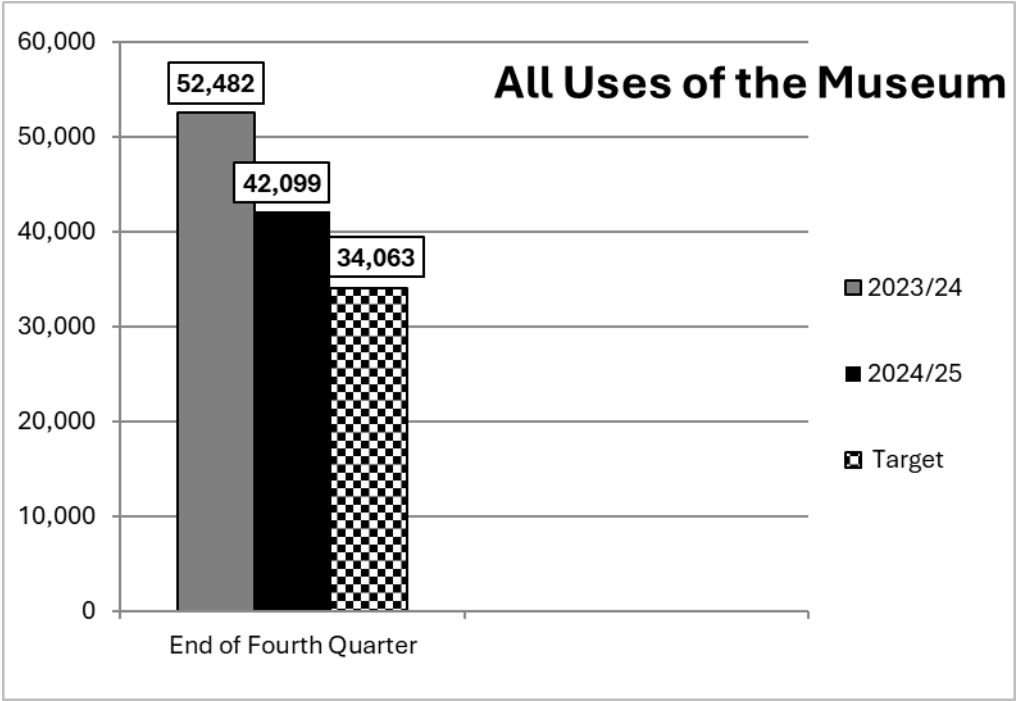
| Measure details | End of Fourth Quarter Performance | Comments | Trend |
|-----------------|-----------------------------------|---|-------|
| 2023/24 | 532Kg | Low is good performance. The target range for 2024/25 is 530 - 570Kg. | 😊 |
| 2024/25 | 494Kg | | |

Measure of performance: **Percentage of Total Waste Recycled and Composted**



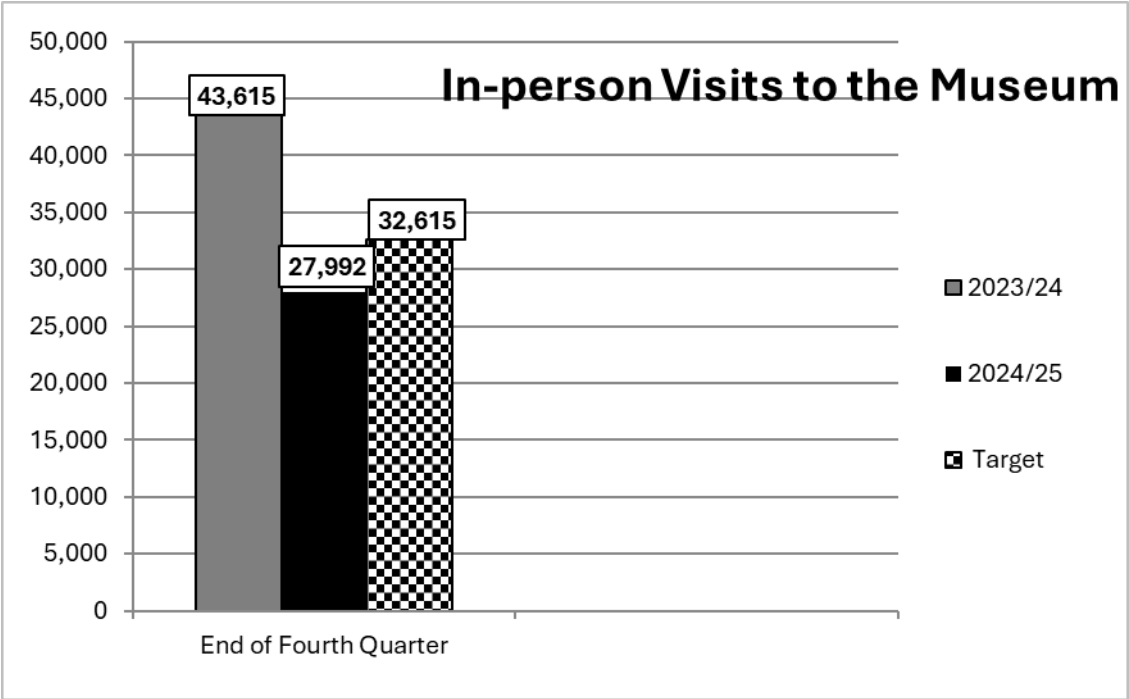
| Measure details | End of Fourth Quarter Performance | Comments | Trend |
|-----------------|-----------------------------------|--|-------|
| 2023/24 | 31.82% | The target range for 2024/25 is 35 – 43% * = It should be noted that the 2024/25 data excludes the applied contamination rate which is subject to a verification process. | 😊 |
| 2024/25 | 36.73%* | | |

Measure of performance: *All uses of the Museum*



| Measure details | End of Fourth Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|------------------------|---|--|-------|
| All uses of the Museum | 42,099 (52,482) | <p>This data includes non-trivial phone enquiries, audiences for talks and sessions outside the museum, users of loans boxes, outreach groups, those who read our WordPress blogs about the collections, Instagram posts which are about the collection or informative (not just marketing) and users of museum pages on the website.</p> <p>Performance is above the end of year target 2024/25 (34,063). This is specifically as a result of the performance of the museum’s blog where posts, mainly by the Museum Access Assistants, continue to attract users at an unanticipated rate.</p> | ☹️ |

Measure of performance: *In-person visits to the Museum*



| Measure details | End of Fourth Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|--------------------------------|---|---|-------|
| In-person visits to the Museum | 27,992 (43,615) | <p>The target for the end of year is 32,615.</p> <p>The disparity is caused by the reduction in opening hours at the museum. Last year during January to mid-February the Museum was open Thursday to Saturday but this year hours were reduced even further to being open one Friday in four and every Saturday. Also for the period mid-February to March we were only open Thursday to Saturday rather than Wednesday to Saturday. Holiday Activities only took place on 2 days rather than 3 days due to the reduction in hours.</p> <p>Vacant Museum Assistant posts have led to closures of 1 day during this period and there was one day closure due to planned protests.</p> | ☹️ |

Summary:

The performance indicator trend data shows that 2 of the 6 key indicators have improved, 2 have declined and 2 have stayed the same.

NBBC Strategic Risk Register Summary

Fourth Quarter 2024/25

Full Register Summary

The total number of 'live' risks is now 25 as two new risks have been added:

- **R33 (Grayson Place Ltd. gives rise to unplanned liabilities)** - "net" amber
- **R34 (Corporate Fraud)** - "net" amber

In addition, the following risk status has changed from "net" amber to "net" green

- **R32 (Financial implications to NBBC following appeals / hearings processes for planning applications)** -

Therefore, as at the end of March 2025, the breakdown according to "net" risk is:

- "Net red" 2 (8%)
- "Net amber" 9 (36%)
- "Net green" 14 (56%)

Consequently, 23 (92%) risks are deemed "satisfactorily managed" – meaning that the 'traffic light' reporting position is "Green".

The "net red" risks are:

- **R1 - Potential failure to provide adequate accommodation to meet the needs of the borough with consequent impact on the lives of residents**
- **R4 - Failure to maintain the economic vibrancy of the borough / town centres**

Environment and Leisure OSP Risks Summary

There are four strategic risks within the remit of the panel. Two are "net amber" and two are "net green". Details of these risks are shown below.



NBBC Strategic Risk Register

Current Version: 15th April 2025

Environment and Leisure OSP Risks

Risk Level Indicator Matrix and Descriptors

Key

| | |
|--|---------------------------------------|
| | Green 1-4 (acceptable) |
| | Amber 6-9 (tolerable) |
| | Red 12-16 (unacceptable) |

Likelihood

| | | | | |
|---|---|---|----|----|
| 4 | 4 | 8 | 12 | 16 |
| 3 | 3 | 6 | 9 | 12 |
| 2 | 2 | 4 | 6 | 8 |
| 1 | 1 | 2 | 3 | 4 |
| | 1 | 2 | 3 | 4 |

Impact

Likelihood

- 4: **Very High** – occurrence is most likely or has already happened and will do so again if control measures are not introduced
- 3: **High** – occurrence is anticipated within the next 12 months
- 2: **Significant** – occurrence is probable in the next 3 years
- 1: **Low** – foreseeable, but not probable in the next 3 years

| | Level of Impact | Service Delivery | Financial / Legal | Reputation / Community |
|---|-----------------|---|---|---|
| 4 | Major | <ul style="list-style-type: none"> A service delivery failure causes significant hardship to people for a period of 3 to 4 weeks or more or 1 week for anyone that is vulnerable, or failure to meet a nationally mandated deadline Loss of major stakeholder/partner. Adverse outcome of a serious regulatory enquiry | <ul style="list-style-type: none"> Financial loss over £400,000 Serious risk of legal challenge | <ul style="list-style-type: none"> Sustained adverse TV/radio coverage Borough wide loss of public confidence Major damage to local environment, health and economy Multiple loss of life |
| 3 | Serious | <ul style="list-style-type: none"> A service delivery failure causes significant hardship for a period of 2 to 3 weeks or 3 to 7 calendar days for vulnerable people Formal regulatory inquiry Loss of a key partner or other partners | <ul style="list-style-type: none"> Financial loss between £200K and £399K High risk of successful legal challenge | <ul style="list-style-type: none"> Significant adverse coverage in national press or equivalent low national TV coverage Serious damage to local environment, health and economy Extensive or multiple injuries &/or a fatality |
| 2 | Moderate | <ul style="list-style-type: none"> A service delivery failure causes significant hardship for 1 to 2 weeks or 1 -2 calendar days for vulnerable people Loss of a significant non-key partner Legal concerns raised Loss of employees has moderate effect on service provision | <ul style="list-style-type: none"> Financial loss between £50K and £199K Informal regulatory enquiry | <ul style="list-style-type: none"> Significant adverse coverage in local press or regional TV Large number of customer complaints Moderate damage to local environment, health and economy Moderate injuries to an individual |
| 1 | Low | <ul style="list-style-type: none"> Disruption to services for up to 1 week Minor legal implications Loss of employees not significantly affecting service provision | <ul style="list-style-type: none"> Financial loss up to £49K | <ul style="list-style-type: none"> Minor adverse media coverage Minor environmental, health and economy damage Minor increase in number of customer complaints One or more minor injuries to an individual |

NET AMBER RISKS

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|--|---------------------------|---|--|------------------------------------|---|---|
| R22 | Operation of sub-regional recycling facility in partnership with other authorities and operational costs / realisation of income | High / Major (RED) | 1. "Arm's length" company (Sherbourne Resources Ltd.) in place with Strategic Director (PS) on the board. | 1: Strategic Director (PS) | Significant / Major (AMBER) | 1.Memoranda and articles (Company House). | Strategic Director (PS) / PH – E&PS / E&L OSP |
| | | | 2. Three year Business Plan in place and subject to regular review. | 2: Strategic Director (PS) / Strategic Director (CR) | | 2.Business Plan in place / Council reports. | |
| | | | 3.Elected Member Shareholder panel established to oversee project plan. | 3: Cabinet member for Public Services | | 3.Panel reports and minutes. | |
| | | | 4.Finance and Operational bi-monthly meetings | 4: Strategic Directors (PS) and (CR) / | | 4.Regular meetings and reports to specific working groups | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|--|-------------------|--|-----------------------------------|
| | | | with partners and project team. | Assistant Director (Environment and Enforcement) | | with Sherbourne Resources Ltd. | |
| | | | 5. Sherbourne Resources Ltd. running the facility. | 5: Strategic Director (PS) | | 5.Regular reports to Sherbourne Resources Ltd. Board. | |
| | | | 6. Bi-monthly meeting of Sherbourne Resources Ltd. Board. | 6; Strategic Director (PS) | | 6.Minutes of meetings and regularly updated project risk register. | |
| | | | 7. Annual audit of accounts independently arranged by partners. | 7: Strategic Directors (PS) and (CR) | | 7.Audit report. | |
| | | | 8.Monitoring of supply and market issues. | 8: Strategic Directors (PS) and (CR) | | 8.Accounts records / Finance meeting minutes. Updates to OSP. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|--|-------------------|--|-----------------------------------|
| | | | 9. On-going site visits by officers to monitor operation. | 9: Assistant Director (Environment and Enforcement) | | 9. OSP reports. | |
| | | | 10. Finance / loan repayment in place and approved by Cabinet. | 10: Strategic Directors (PS) and (CR) | | 10: Cabinet meeting minutes. | |
| | | | 11.Assessment of recycling material from NBBC residents monitoring by Sherbourne Resources Ltd. (ongoing) | 11. Assistant Director (Environment and Enforcement) and Head of Waste and Transport | | 11.Monthly reports from Sherbourne Resources Ltd). | |
| | | | <u>Planned:</u> | | | | |
| | | | 1.Sherbourne Resources Ltd. to commence loan repayments to NBBC (to be agreed). | 1: Strategic Directors (PS) and (CR) | | 1.Loan repayment budget monitoring. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|-----------------|-------------------------|-------------------|--|--|--------------------------|--|--|
| | | | 2. Annual reviews of the recycling facility to OSP. | 2: Assistant Director (Environment and Enforcement) | | 2. OSP /Cabinet report / minutes | |
| | | | 3.Review of Business Plan and financial modelling by external auditor and board members (June 2025). | 3: Strategic Directors (PS) and (CR) | | 3.Minutes of meetings and Business plan signed-off by shareholder panel. | |
| | | | 4.Review of board membership and designated roles / non-executive Directors. | 4: Strategic Director (PS) | | 4. Signed-off by board and shareholder panel. | |
| | | | 5. Financial review of NBBC partnership to be presented as part of the budget-setting process for 2025/26. | 5: Strategic Director (PS) / Strategic Director (CR) | | 5. Cabinet / Council minutes. | |
| | | | 6. Revised Business Plan 2025/28 sign-off by shareholder panel (April 2025). | 6: Strategic Director (PS) | | 6. Shareholder panel meeting minutes. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|---|-----------------------------------|--|--------------------------------|---------------------------------------|----------------------|--|
| R25 | Noncompliance with regulations relating to : <ul style="list-style-type: none"> Freedom of Information Environmental Information General Data Protection resulting in penalties applied by the Information Commissioner's Office | Very high / major (RED) | <u>Freedom of Information / Environmental Information</u> | | Significant / major (AMBER) | | Management Team / PH – Cabinet / H&CR, H&COM, E&L & BRP OSPs |
| | | | 1.Monthly FOI reports to designated service areas. | 1: Customer Experience Officer | | 1.Reports. | |
| | | | 2.Dash Customer Service Workflow application used to manage outstanding cases. | 2: Strategic Director (CR) | | 2.Dash application. | |
| | | | 3.Email alerts on receipt of new requests. | 3: Strategic Director (CR) | | 3.Emails. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|--|-------------------|-----------------------|-----------------------------------|
| | | | 4.Nominated officers in some service areas to monitor outstanding requests. | 4: Chief Executive / Strategic Directors | | 4.Nominated Officers. | |
| | | | 5.Workflow process regularly reviewed and updated if necessary | 5: Information Management Group (IMG) | | 5.Request reports. | |
| | | | 6. Regular targeted training on meeting FOI request deadlines. | 6: Information Management Group (IMG) | | 6.Training records. | |
| | | | 7. Nominated employees to monitor and manage FOI / EIR requests. | 7: Strategic Director (CR) | | 7. Officer in place. | |
| | | | 8. Qualified DPO co-ordinating information in line with the Freedom of Information Act 2000 | 8: Strategic Director (CR) | | 8. Officer in place. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|--|-------------------|--|-----------------------------------|
| | | | <u>Planned:</u> | | | | |
| | | | 1.Refresher training for Senior Managers (February 2025). | 1: Assistant Director (Central Operations) | | 1.Senior Management Team minutes / training records. | |
| | | | <u>General Data Protection Regulations (GDPR)</u> | | | | |
| | | | 1. Corporate Information Governance Group (CIGG) / Information Management Group. | 1: Assistant Director (Democracy and Governance) | | 1.Meeting minutes. | |
| | | | 2. Use of an accredited contractor to dispose of electrical equipment (including IT equipment). The contractor guarantees data destruction & provides certification accordingly. | 2: Strategic Director (CR) | | 2. Contractor agreement and meetings minutes | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|-----------------|-------------------------|-------------------|---|--|--------------------------|---|--|
| | | | 3. Compliance with Public Services Network Code of Connection (PSN Co-Co). | 3: Strategic Director (CR) | | 3. Annual PSN Compliance Certification / "Cyber Essentials Scheme" certification. | |
| | | | 4. Senior Information Risk Owner (SIRO) and Deputy appointed. | 4: Strategic Director (CR) | | 4. SIRO's Job Description | |
| | | | 5. Information Governance Framework/ ICT Code of Conduct for Employees/Member Protocol for the Use of IT Resources. | 5: Assistant Director (Central Operations) | | 5. Individual Cabinet Member Decision | |
| | | | 6. Data Protection Officer (DPO) in line with Data Protection regulations. | 6: Assistant Director (Central Operations) | | 6. DPO in place. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|-----------------|-------------------------|-------------------|--|---|--------------------------|---|--|
| | | | 7. Data audit and publication of privacy notices. | 7: Assistant Director (Democracy and Governance) . | | 7. Audit records (records of processing activity)/notices on council website. | |
| | | | 8. External Audit undertaken (Option via Central Midlands Audit Partnership). | 8: Assistant Director (Democracy and Governance) | | 8. Report in place. | |
| | | | 9. Data Protection training available on Delta. | 9: DPO and Training Officer | | 9. Delta training records | |
| | | | 10. Refresh of Corporate Governance Group (CGG) / Information Management Group (October 2023) – including monitoring of data breach reports. | 10: Assistant Director (Democracy and Governance) / DPO | | 10.Meetings minutes | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|-----------------------------------|-------------------|---------------------------------------|-----------------------------------|
| | | | <u>Planned:</u> | | | | |
| | | | 1. Data Protection policy to be updated (April 2025). | 1: DPO | | 1. Policy approved. | |
| | | | 2. Data Protection information to be made available to employees via the new Intranet when available (April 2025). | 2: DPO | | 2. Intranet. | |
| | | | 3. Information Asset Register to be established (timescale to be agreed with Information Management Group). | 3: DPO / Information asset owners | | 3. Register in place. | |
| | | | 4. Data protection and Freedom of Information Act training for Senior Managers (on-going). | 4: DPO | | 4. Senior Management meeting records. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|-----------------------------|-------------------|----------------------------|-----------------------------------|
| | | | 5. Data Protection training to be reviewed to ensure that it is up to date and appropriate (on-going). | 5: DPO and Training Officer | | 5. Delta training records. | |

NET GREEN RISKS

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|------------|--|---------------------------------------|---|--|-------------------------------|---|--|
| R27 | Arson or accidental fire in NBBC corporate buildings | Significant / Major (AMBER) | 1. Fire Management Group (FMG). | 1: Strategic Directors (PS) / (P&E) | Low / Major (GREEN) | 1. FMG meeting minutes. HASCOG reports. | Management Team / PH – B&R, R&CS & LC&H, / BRP, E&L & H&CR OSP |
| | | | 2. Regularly serviced fire detection & alarm systems / fire extinguishers and appropriate Fire Risk Assessments (FRA) regularly reviewed. | 2: Strategic Director (P&E) / Assistant Director (Economy) | | 2. Service records, Fire extinguisher service records & records of FRA outcomes. External report (review of arrangements). | |
| | | | 3. Quarterly Health & Safety inspections give attention to fire risks. | 3: Respective Strategic / Assistant Directors. | | 3. Quarterly Health & Safety inspection records. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|-----------------|-------------------------|-------------------|--|--|--------------------------|--|--|
| | | | 4. Annual Capital Fire Safety Work Programme. | 4: Strategic Director (P&E) / Assistant Director (Economy) | | 4. Cabinet reports and Capital Projects Meeting Minutes. | |
| | | | 5. Existing insurance policy documents. | 5: Assistant Director (Finance) | | 5. Policy documents in place. | |
| | | | 6. Internal audit of fire risk arrangements (completed February 2022). | 6: Audit and Governance Manager (CMAF) | | 6. Internal Audit report. | |
| | | | 7. Certified fire doors. | 7: Strategic Director (P&E) / Assistant Director (Economy) | | 7. Doors / Certification in place. | |
| | | | 8. Corporate review of Health and Safety arrangements (July 2025). | 8: Strategic Director (P&S) | | 8. MT Report / minutes. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|-----------------|-------------------------|-------------------|--|---|--------------------------|---|--|
| | | | 9. Town Hall fire prevention arrangements (including upgrade of door entry system). | 9: Strategic Director (P&E) / Assistant Director (Economy) / Head of Safety and Environment Health | | 9.Monitored action plan in place / Updates to Fire Services | |
| | | | 10. External risk audit report by insurers (Gallagher Bassett) February 2023. | 10: Strategic Director (PS) | | 10.Action plan and MT minutes. | |
| | | | 11. Implement periodic Audit report (CMAP) recommendations. | 11: Head of Safety and Environmental Health | | 11.Audit action plan. | |
| | | | 12. Act on appropriate recommendations arising from public enquiries / legislation changes (on-going). | 12: Strategic Director (P&E) / Assistant Director (Economy) / Head of Safety and Environment Health | | 12.Reports / action plans. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|------------------------------------|-------------------|--|-----------------------------------|
| | | | <u>Planned:</u> | | | | |
| | | | 1. Review and refresh Business Continuity Plans (September 2025). | 1: Strategic / Assistant Directors | | | |
| | | | 2. Leasehold commercial properties – review and establish landlord checks for structure / electrical / gas / fire safety and security of empty purchased properties pending redevelopment (2025/26). | 2: Assistant Director (Economy) | | | |
| | | | 3. Review of corporate assets (2025/26). | 3: Strategic Director (P&E) | | 3. Review findings / updated register. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|------------|---|------------------------------|--|--------------------------------|------------------------------|--|--|
| R30 | Ombudsman Complaints (Local Government Ombudsman / Housing Ombudsman) – failure to meet customer expectation after completion of our complaints process | High / Low (GREEN) | 1. Formal complaints policy and process. | 1: Customer Experience Officer | High / Low (GREEN) | 1. Policy and procedure in place. | Strategic Director (CR) / PH Cabinet / H&CR, H&COM, E&L & BRP OSPs |
| | | | 2. Designated Customer Experience Officer. | 2: Customer Experience Officer | | 2. Designated Customer Experience Office. in place | |
| | | | 3. Review / Final check of service area escalated responses. | 3: Customer Experience Officer | | 3. Review records retained. | |
| | | | 4. Ombudsman monitoring by Management Team (Strategic Performance Report). | 4: Management Team | | 4. Strategic Performance Report. | |

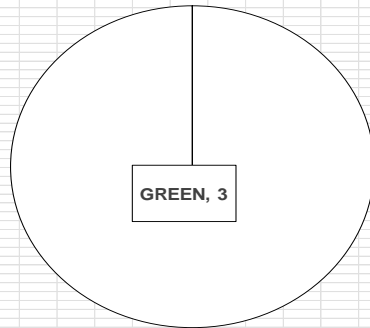
| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|--|-------------------|-----------------------------|-----------------------------------|
| | | | 5. Annual Ombudsman report to Scrutiny panel. | 5: Customer Experience Officer | | 5. FPS meeting minutes. | |
| | | | <u>Planned:</u> | | | | |
| | | | 1. Update complaints policy following regulatory changes (June 2025) | 1: Assistant Director (Central Operations) | | 1. Updated policy in place. | |

Strategic Performance Report – Executive Summary January 2025

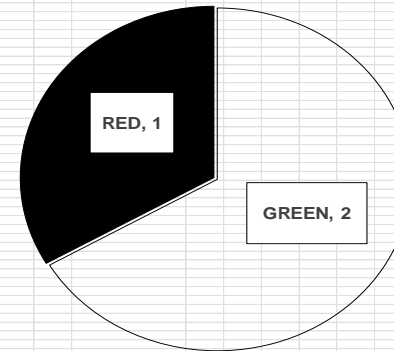
(Data as at the end of December 2024)

Charts Summary

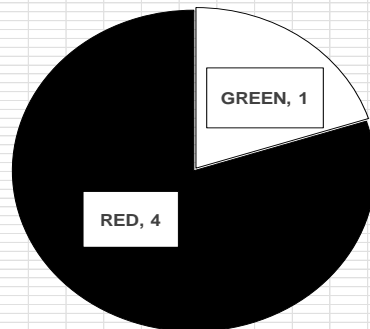
1. FINANCE COLLECTION



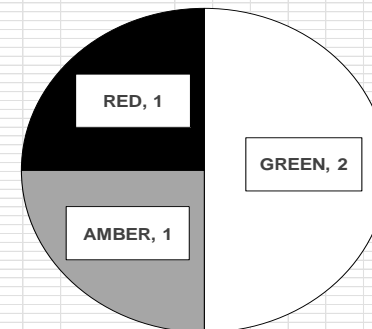
2. PEOPLE AND SERVICE DELIVERY (P&SD)



3. PROCESSES



4. IMPROVEMENT



| RED AND AMBER MEASURES BY CATEGORY * | | |
|--------------------------------------|-----|-------|
| CATEGORY | RED | AMBER |
| FINANCE | 0 | 0 |
| P & S D | 1 | 0 |
| PROCESSES | 4 | 0 |
| IMPROVEMENT | 1 | 1 |

* = see Executive Summary narrative (areas for improvement).

Strategic Performance Report – Executive Summary

January 2025

(Data as at the end of December 2024)

Positive aspects

- **Rent collection** is 91.51% against the 80% target at the end of December – no comparable data for 2023/24
- **Strategic Risk Register monitoring** is 91% against the 80% target at the end of the third quarter 2024 (91% last quarter)

Areas for Improvement

- **Processing of new benefits claims** is 34.64 days (35.24 days last month) against the 22 days good performance benchmark and compared to 21.11 days in December 2023. Improvement month-on-month since September is expected to accelerate towards good benchmark performance of 22 days in the final quarter of 2024/25
- **Working days lost to short term sickness absence** is 3.32 days per full time equivalent (FTE) against the profiled target of 2.61 days/FTE at the end of December (3.42 days/FTE at the end of December 2023)
- **Working days lost to long term sickness absence** is 5.49 days per full time equivalent (FTE) against the profiled target of 3.95 days/FTE at the end of December (5.27 days/FTE at the end of December 2023)
- **Short term return to work interview compliance** rolling average is 56.15% within 3 days (53.91% last month). The average time to complete all interviews is 1.92 days (1.60 days last month)

Breakdown of Short Term Return to Work Interview Compliance

| DIRECTORATE | COMPLIANCE WITHIN 3 DAYS (ROLLING MONTHS) | DAYS TO COMPLETE ALL INTERVIEWS (ROLLING MONTHS) |
|------------------------------------|--|---|
| Chief Executive | 100% | 0 |
| Corporate Resources | 67.25% | 0.69 |
| Place and Economy | 65.71% | 1.35 |
| Housing and Communities | 57.34% | 1.34 |
| Public Services | 32.57% | 6.50 |

Strategic Performance Report – Executive Summary

January 2025

(Data as at the end of December 2024)

Areas for Improvement

- **Agency staff spend** £822,094 as at the end of December compared to £577,435 at the end of December 2023:

| | | | |
|--------------|----------|----------------|-------------|
| General Fund | £ | 441,978 | 54% |
| HRA | £ | 380,116 | 46% |
| Total | £ | 822,094 | 100% |

As the pay award was distributed in November, the 5% provision has been removed from the salary figures. Salary figures are now based on actuals - however the agency figures still include a 4% provision as we have not received any potential back pay on the agency invoices as of yet. This is netted against an estimated (£1.74M) salary underspend, creating a NET underspend of (£912k) across the general fund and HRA budgets.

| | Underspend | Net Underspend |
|--------------|--------------------|------------------|
| General Fund | - 1,080,880 | - 638,902 |
| HRA | - 653,510 | - 273,394 |
| Total | - 1,734,390 | - 912,296 |

The top three cost areas are:

| | |
|--|---|
| DOMESTIC REFUSE | £158,220 |
| REACTIVE REPAIRS | £131,796 |
| REPAIRS & MAINTENANCE - VOIDS | £113,962 |
| TOTAL | £403,978 (49% of total agency spend) |

- **Building a Better Borough (BaBB) monitoring** is 66% against the 80% target at the end of the third quarter (70% last quarter)
- **Health and Safety monitoring** is 77% against the 80% target (80% last quarter)

ADDITIONAL NOTE

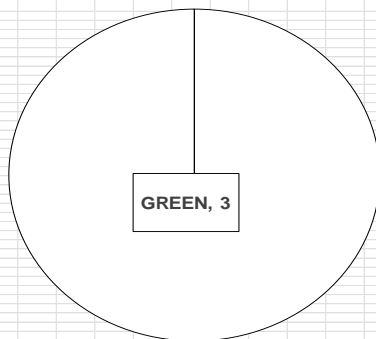
There are 15 performance indicators within the Strategic Performance Report, reported by exception with performance being on or around target / good performance benchmark unless otherwise stated in this summary.

Strategic Performance Report – Executive Summary April 2025

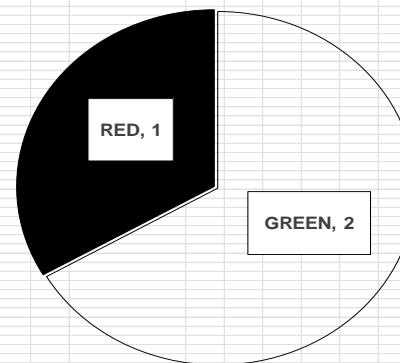
(Data as at the end of March 2025)

Charts Summary

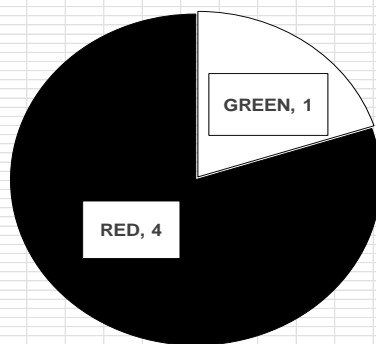
1. FINANCE COLLECTION



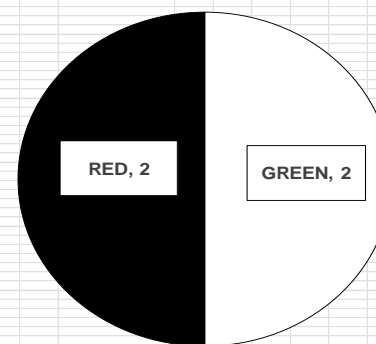
2. PEOPLE AND SERVICE DELIVERY (P&SD)



3. PROCESSES



4. IMPROVEMENT



RED AND AMBER MEASURES BY CATEGORY *

| CATEGORY | RED | AMBER |
|-------------|-----|-------|
| FINANCE | 0 | 0 |
| P & S D | 1 | 0 |
| PROCESSES | 4 | 0 |
| IMPROVEMENT | 2 | 0 |

* = see Executive Summary narrative (areas for improvement).

Strategic Performance Report – Executive Summary April 2025

(Data as at the end of March 2025)

Positive aspects

- **Rent collection** is 95.88% against the 80% target at the end of March– no comparable data for 2023/24
- **Planning permissions for affordable homes** is 26% against the 25% target at the end of the fourth quarter 2024/25
- **Percentage of waste recycled and composted** is 38.83% at the end of February against the profiled target of 35% (normally reported one month in arrears of other data) - figures for 2024/25 exclude the contamination rate pending a verification process
- **Strategic Risk Register monitoring** is 91% against the 80% target at the end of the fourth quarter 2024/25 (91% last quarter)

Areas for Improvement

- **Processing of new benefits claims** is 33.67 days (34.35 days last month) against the 22 days good performance benchmark and compared to 21.43 days in March 2024. Improvement month-on-month since September continues but again, not at the anticipated rate at the end of the final quarter 2024/25
- **Working days lost to short term sickness absence** is 4.41 days per full time equivalent (FTE) against the profiled target of 3.50 days/FTE at the end of March (4.84 days/FTE at the end of March 2024)
- **Working days lost to long term sickness absence** is 6.88 days per full time equivalent (FTE) against the profiled target of 5.25 days/FTE at the end of March (6.94 days/FTE at the end of March 2024)
- **Short term return to work interview compliance** rolling average is 55.70% within 3 days (57.09%% last month). The average time to complete all interviews is 1.69 days (1.79 days last month)

Strategic Performance Report – Executive Summary April 2025

(Data as at the end of March 2025)

Areas for Improvement

Breakdown of Short Term Return to Work Interview Compliance

| DIRECTORATE | COMPLIANCE WITHIN 3 DAYS (ROLLING MONTHS) | DAYS TO COMPLETE ALL INTERVIEWS (ROLLING MONTHS) |
|-------------------------|---|--|
| Chief Executive | 100% | 0 |
| Corporate Resources | 59.05% | 0.74 |
| Place and Economy | 62.22% | 1.32 |
| Housing and Communities | 59.52% | 1.31 |
| Public Services | 40.39% | 4.85 |

- **Agency staff spend** is £1,084,441 as at the end of March compared to £779,066 at the end of March 2024:

| | | |
|--------------|--------------------|-------------|
| General Fund | £ 571,226 | 53% |
| HRA | £ 513,215 | 47% |
| Total | £ 1,084,441 | 100% |

As the pay award was distributed in November, the 5% provision has been removed from the salary figures. Salary figures are now based on actuals. We also received an additional invoice in February for £8K which covers any backpay related to the pay award, so the 4% provision has been removed from agency costs. This is netted against an estimated (£2.24M) salary underspend, creating a NET underspend of (£1.15M) across the general fund and HRA budgets.

| | Underspend | Net Underspend |
|--------------|--------------------|--------------------|
| General Fund | - 1,313,733 | - 742,507 |
| HRA | - 924,063 | - 410,848 |
| Total | - 2,237,796 | - 1,153,355 |

The top three cost areas are:

| | |
|--|---|
| REACTIVE REPAIRS | £216,988 |
| DOMESTIC REFUSE | £200,868 |
| REPAIRS & MAINTENANCE - VOIDS | £137,760 |
| TOTAL | £555,616 (51% of total agency spend) |

Strategic Performance Report – Executive Summary April 2025

(Data as at the end of March 2025)

Areas for Improvement

- **Building a Better Borough (BaBB) monitoring** is 66% against the 80% target at the end of the fourth quarter 2024/25 (also 66% last quarter)
- **Health and Safety monitoring** is 72% against the 80% target at the end of the fourth quarter 2024/25 (77% last quarter). Targets have not been met for Legionella linked to the new contract starting in March 2025, risk assessment reviews and recycling monitoring inspections

ADDITIONAL NOTE

There are 15 performance measures within the Strategic Performance Report. Reporting is by exception with performance being on or around target / good performance benchmark unless otherwise stated in this summary.