<u>NUNEATON AND BEDWORTH BOROUGH COUNCIL</u>

Report to: **Health and Corporate Scrutiny Panel, 26th June 2025**

From: **Risk Management and Performance Officer**

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

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1.   <u>Purpose of Report</u>

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   **<u>Important Note for Panel Members - Additional information</u>**

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.   <u>Financial Data</u>

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
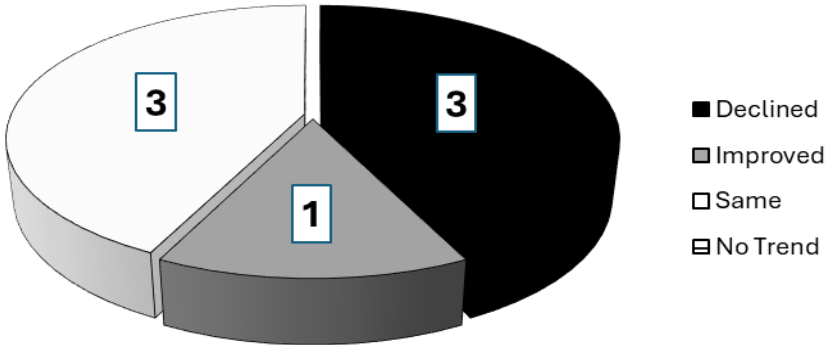
- ■ Declined
- ■ Improved
- □ Same
- ⊟ No Trend

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)

Strategic Risk Register Summary

See fourth quarter 2024/25

Member Enquiry Forms (MEFs) Summary
Third Quarter

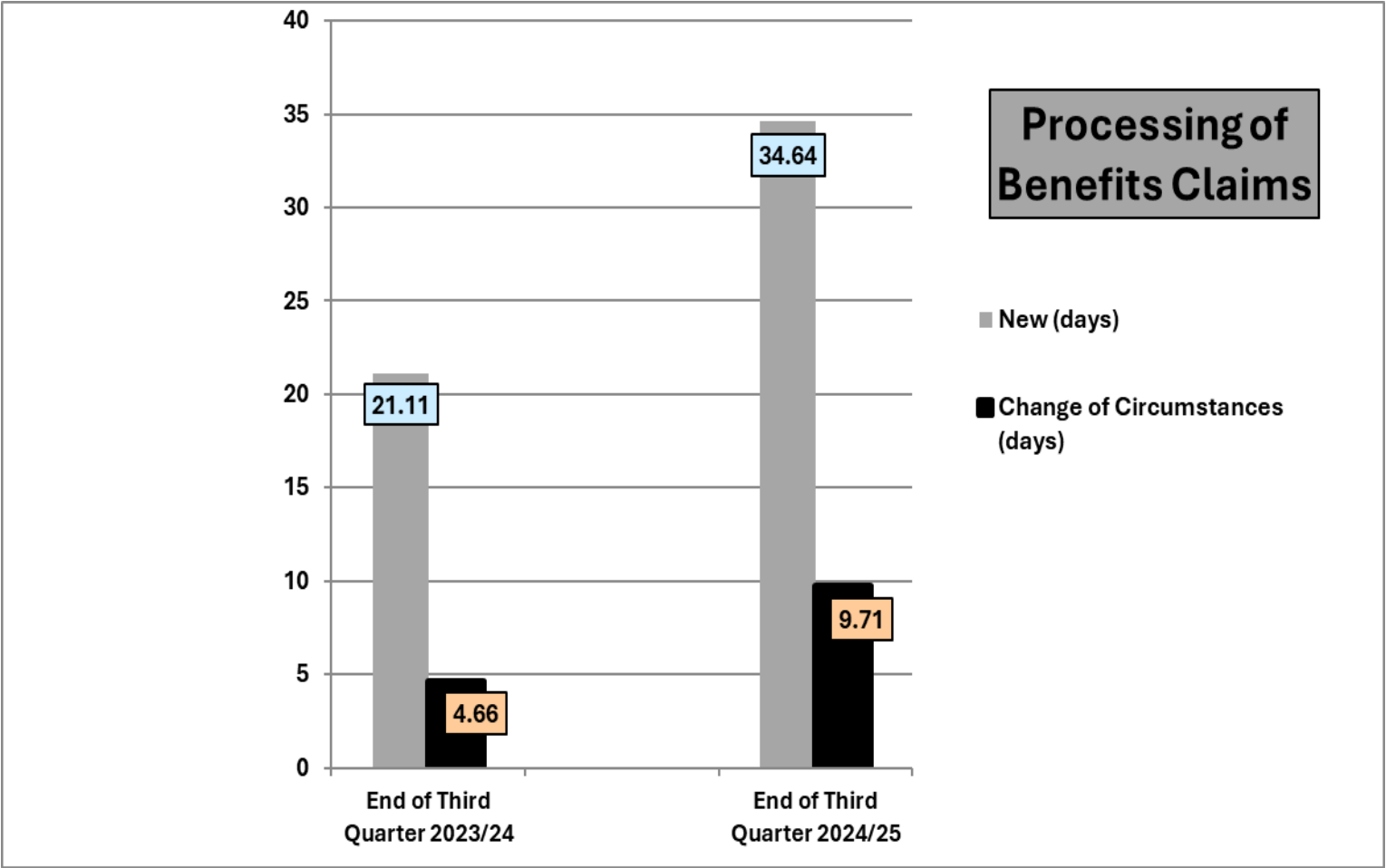| Number Received	
2023/24	**2024/25**
111	286

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%).

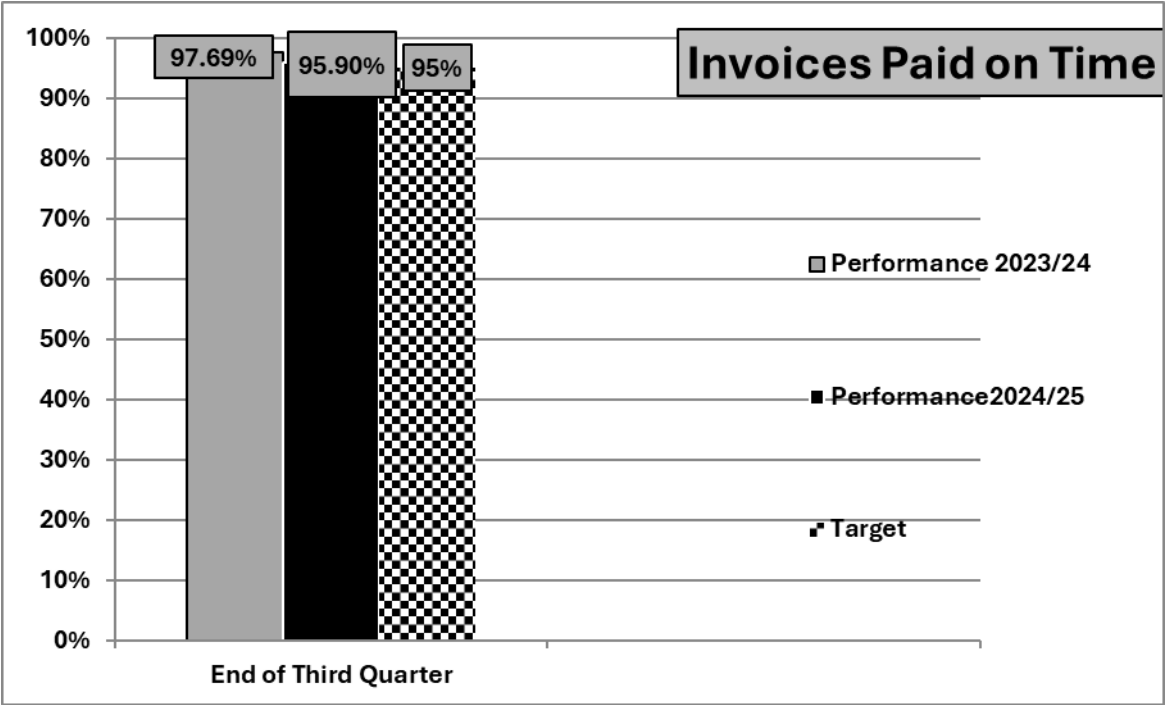*Measures of performance: **Processing of New and Change of Circumstances Benefits Claims***

Measure details	End of Third Quarter Performance 2024/25 (2023/24)	Comments	Trend
New Claims	34.64 days (21.11 days)	No target. Low is good performance. 22 days and below is the current benchmark for good performance. Recruitment took place with new starters joining in May, July and August which has also necessitated addressing training needs. Overtime was approved for a short time (August and September) to clear the backlog of claims. Performance has improved month-on-month since September.	☹
Change of Circumstances Claims	9.71 days (4.66 days)	No target. Low is good performance. 9 days and below is the current benchmark for good performance. Recruitment took place with new starters joining in May, July and August which has also necessitated addressing training needs. Overtime was approved for a short time (August and September) to clear the backlog of claims. Performance has improved month-on-month since September.	☹

*Measures of performance: **Council Tax and Business Rates Collection***
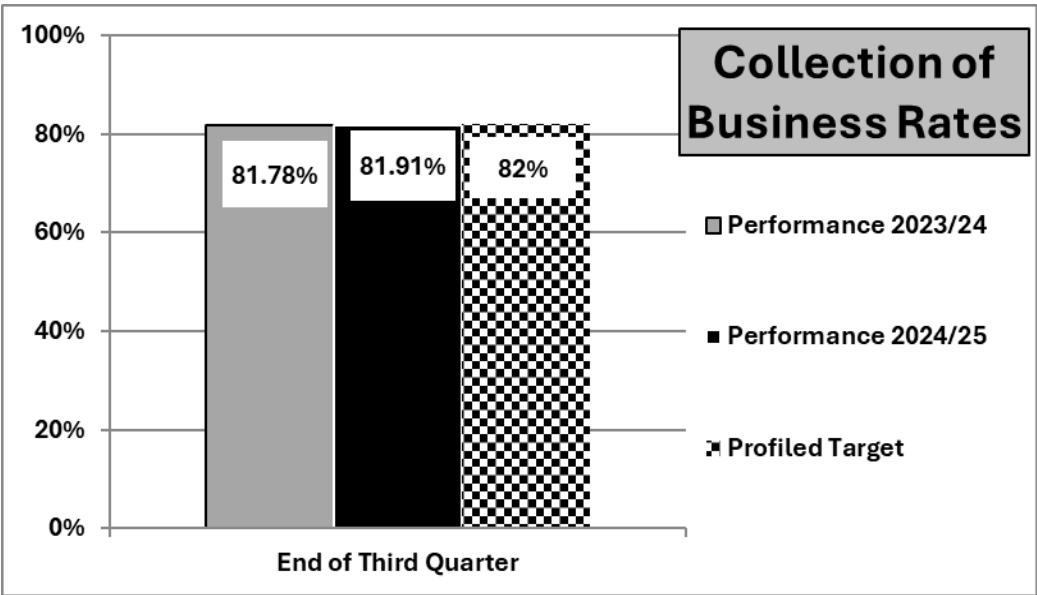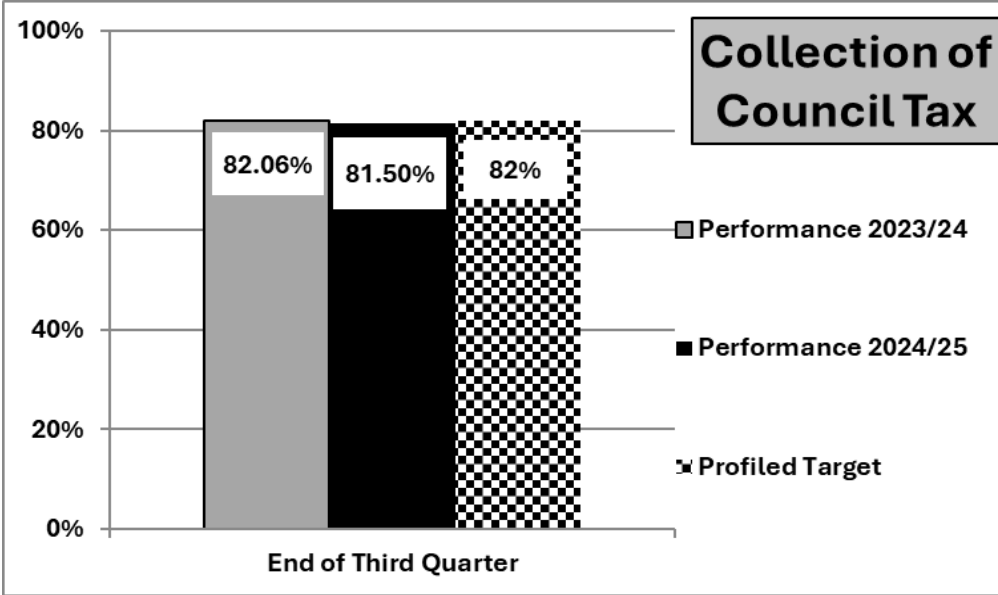
Measure details	End of Third Quarter Performance 2024/25 (2023/24)	Comments	Trend
Council Tax Collection	81.50% (82.06%)	The profiled target for the end of the third quarter 2024/25 is 82%. The annual target is 97 – 100%. The trend indicator reflects within tolerance of the 2023/24 data (2.5%).	😐
Business Rates Collection	81.91% (81.78%)	The profiled target for the end of the third quarter 2024/25 is 82%. The annual target is 98 – 100%. The trend indicator reflects within tolerance of the 2023/24 data (2.5%).	😐

*Measure of performance: **Percentage of Invoices Paid on Time***

Measure details	End of Third Quarter Performance 2024/25 (2023/24)	Comments	Trend
Percentage of invoices paid on time	95.90% (97.69%)	The target for 2024/25 is 95-100%. Within target range and the trend indicator reflects within tolerance of the 2023/24 data (2.5%). New software was implemented in July 2024. Potentially, there may be a performance impact during transition from the previous to the existing system but performance improvement is already being seen.	😐

*Measure of performance: **Number of Services available On- line***

Number of Services Available On-line

Measure details	End of Third Quarter Performance 2024/25 (2023/24)	Comments	Trend
Number of Services available On- line	67 (69)	No target. The intention is to increase year-on-year. More services established on-line, enabling customers to serve themselves, will reduce the workload on the Customer Services Team. Consequently, resources will be concentrated on customers needing direct support.	☹

*Measure of performance: **The number of On-line self-accounts established***

Measure details	End of Third Quarter Performance 2024/25 (2023/24)	Comments	Trend
Number of transactions completed online by customers	67,826 (56,883)	No target. The intention is to increase year-on-year. More services established on-line, enabling customers to serve themselves, will reduce the workload on the Customer Services Team. Consequently, resources will be concentrated on customers needing direct support.	☺

Summary

The performance indicator trend data shows that 1 of the 7 key indicators has improved, 3 have declined and 3 have stayed the same at the end of the third quarter 2024/25.

Performance Measures Summary
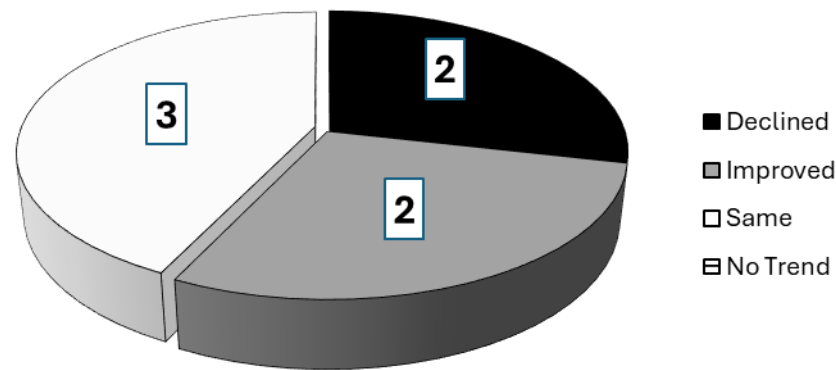
Pie chart legend:
- Declined — 2
- Improved — 2
- Same — 3
- No Trend

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

Pie chart legend:
- Red
- Amber — 5
- Green — 11
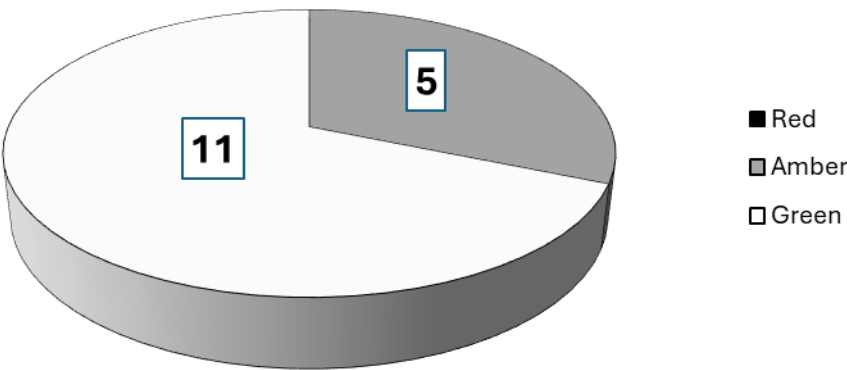
Member Enquiry Forms (MEFs) Summary
Fourth Quarter

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%).

Measures of performance: **Processing of New and Change of Circumstances Benefits Claims**

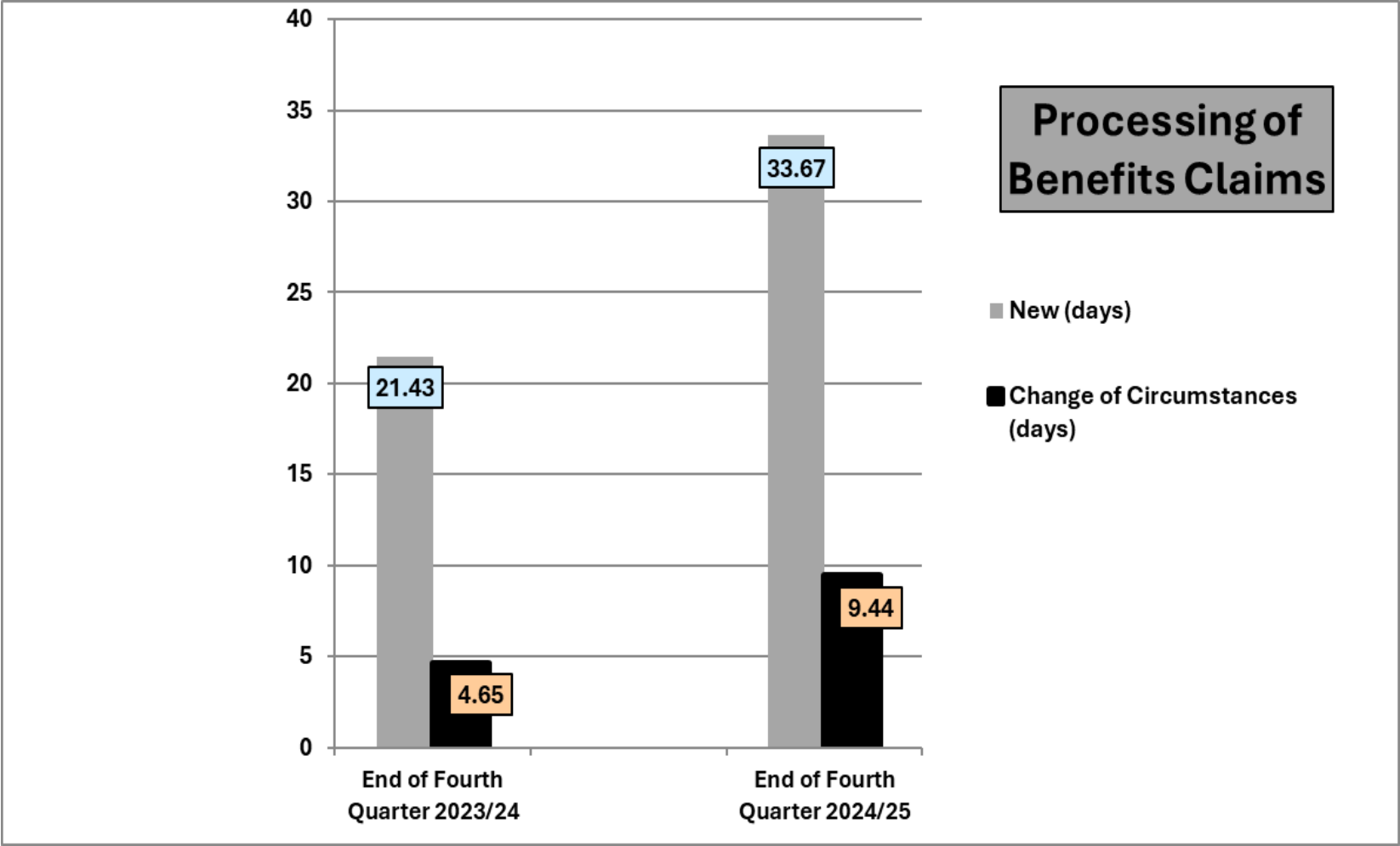| Measure details	End of Fourth Quarter Performance 2024/25 (2023/24)	Comments	Trend
New Claims	33.67 days (21.43 days)	No target. Low is good performance. 22 days and below is the current benchmark for good performance. Recruitment took place with new starters joining in May, July and August which has also necessitated addressing training needs. Overtime was approved for a short time (August and September) to clear the backlog of claims. Performance has continued to improve month-on-month since September.	☹
Change of Circumstances Claims	9.44 days (4.65 days)	No target. Low is good performance. 9 days and below is the current benchmark for good performance. Recruitment took place with new starters joining in May, July and August which has also necessitated addressing training needs. Overtime was approved for a short time (August and September) to clear the backlog of claims. Performance has improved since the September outturn of 9.95 days.	☹

*Measures of performance: **Council Tax and Business Rates Collection***
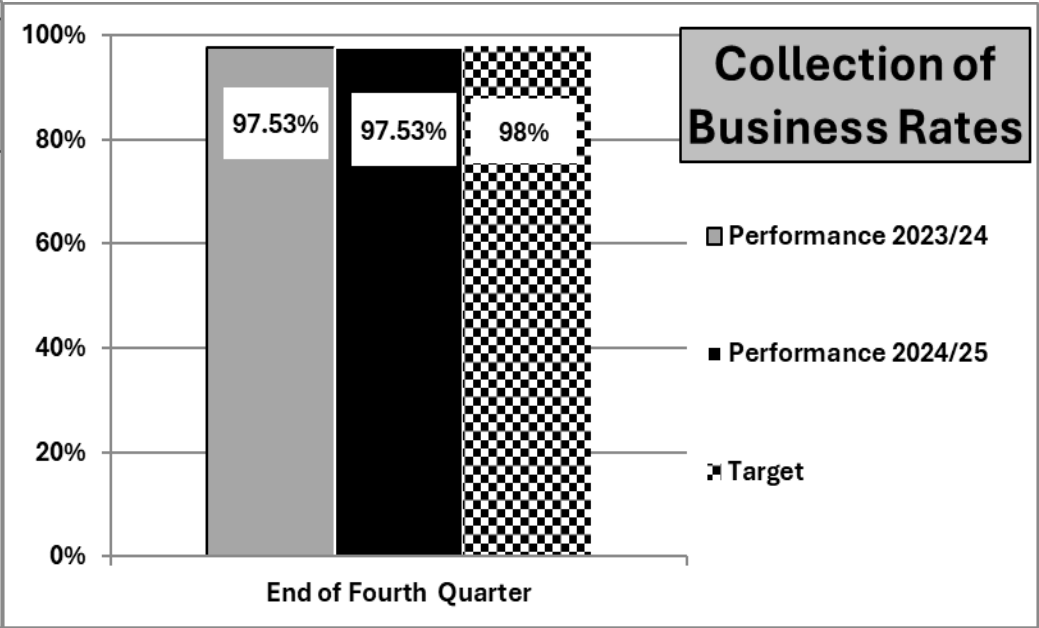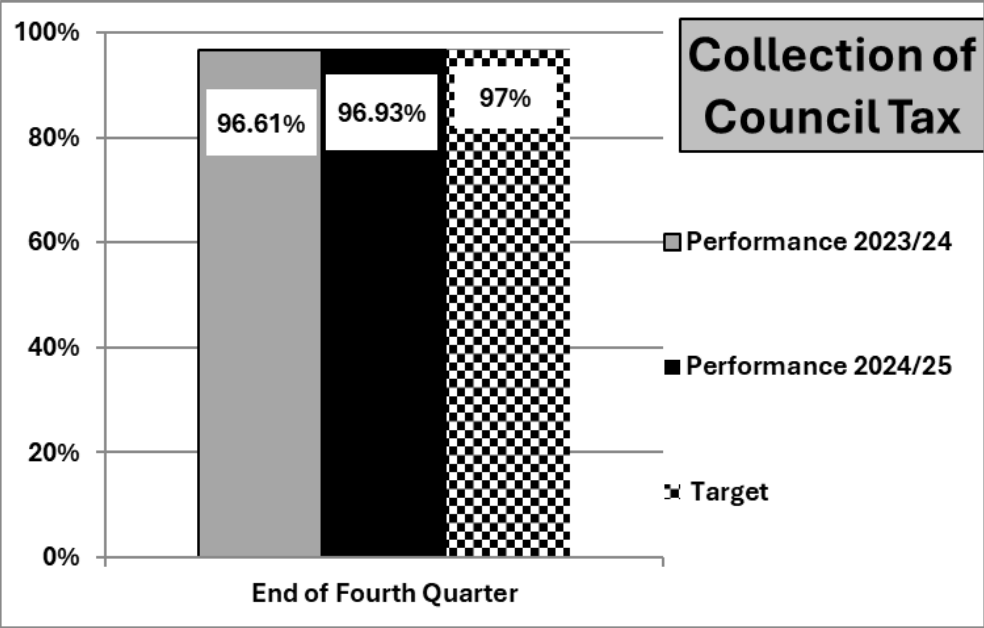
Measure details	End of Fourth Quarter Performance 2024/25 (2023/24)	Comments	Trend
Council Tax Collection	96.93% (96.61%)	The annual target is 97 – 100%. The trend indicator reflects data within tolerance (2.5%).	☺
Business Rates Collection	97.53% (97.53%)	The annual target is 98 – 100%.	☺

*Measure of performance: **Percentage of Invoices Paid on Time***
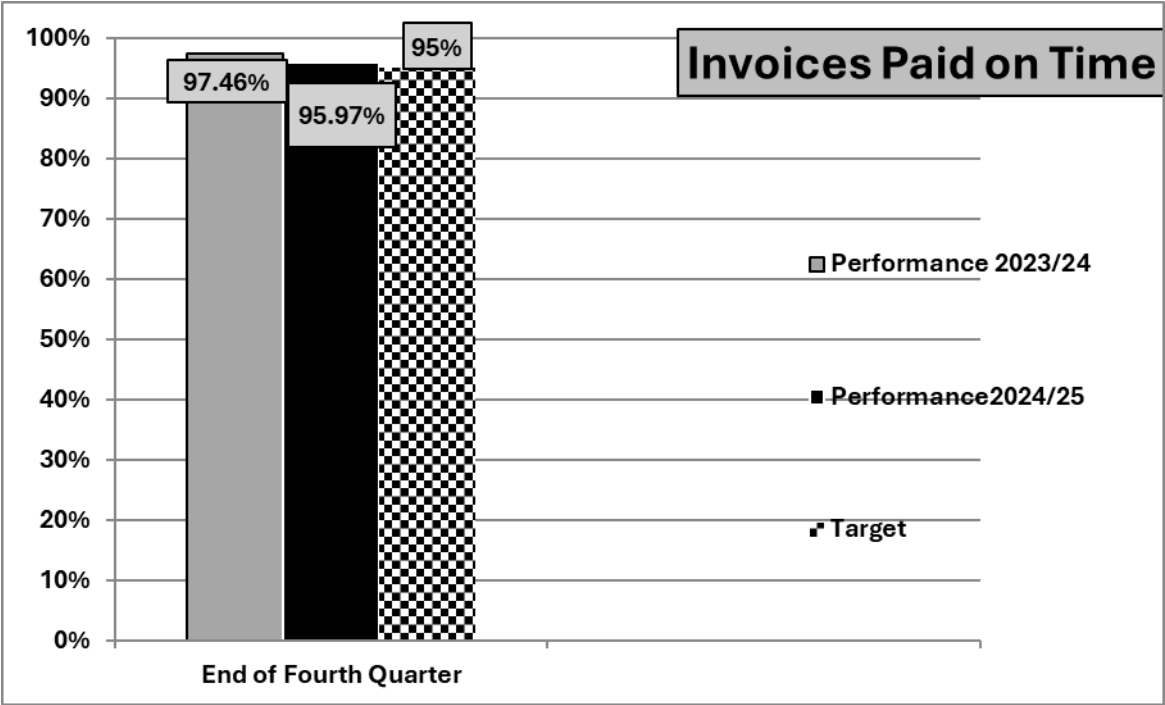
Measure details	End of Fourth Quarter Performance 2024/25 (2023/24)	Comments	Trend
Percentage of invoices paid on time	95.97% (97.46%)	The target for 2024/25 is 95-100%. Within target range and the trend indicator reflects within tolerance of the 2023/24 data (2.5%).	😐

*Measure of performance: **Number of Services available On- line***

Measure details	End of Fourth Quarter Performance 2024/25 (2023/24)	Comments	Trend
Number of Services available On- line	71 (68)	No target. The intention is to increase year-on-year. More services established on-line, enabling customers to serve themselves, will reduce the workload on the Customer Services Team. Consequently, resources will be concentrated on customers needing direct support.	☺

*Measure of performance: **The number of On-line self-accounts established***

Measure details	End of Fourth Quarter Performance 2024/25 (2023/24)	Comments	Trend
Number of transactions completed online by customers	70,917 (59,933)	No target. The intention is to increase year-on-year. More services established on-line, enabling customers to serve themselves, will reduce the workload on the Customer Services Team. Consequently, resources will be concentrated on customers needing direct support.	☺

Summary

The performance indicator trend data shows that 2 of the 7 key indicators have improved, 2 have declined and 3 have stayed the same at the end of the fourth quarter 2024/25.

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**

Health and Corporate OSP Risks Summary

There are sixteen strategic risks within the remit of the panel. Five are "net amber" and eleven are "net green". Details of these risks are shown below.

NBBC Strategic Risk Register

Current Version: 15th April 2025

Health and Corporate 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	• 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	• Financial loss over £400,000 • Serious risk of legal challenge	• 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	• 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	• Financial loss between £200K and £399K • High risk of successful legal challenge	• 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	• 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	• Financial loss between £50K and £199K • Informal regulatory enquiry	• 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	• Disruption to services for up to 1 week • Minor legal implications • Loss of employees not significantly affecting service provision	• Financial loss up to £49K	• 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
R8	Failure to deliver / refresh the key elements of "Building a Better Borough" (BaBB)	Very High / Moderate **(AMBER)**	1. Member training programme.	1: Chief Executive	High / Moderate **(AMBER)**	1. Records of all formal Employee & Member meetings and training.	Management Team / PH - Leader and R&CS / H&CR OSP
			2. Annual Development Reviews.	2: Strategic Directors		2. Records of all formal Employee & Member meetings and training.	
			3. Management Development training.	3. Strategic Director (CR)		3. Records of all formal Employee & Member meetings and training.	
			4. Performance management framework.	4: Assistant Director (Democracy and Governance)		4 & 5. Strategic Performance Report (monthly to Management Team / quarterly to Overview and Scrutiny Panels).	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			5. BaBB Delivery Plan.	5 : Management Team		5.Delivery plan in place.	
			6. Monitor and utilise external funding opportunities.	6: Management Team		6. Capital Programme and Revenue Budgets.	
			7. Partnership working arrangements.	7: Management Team		7. Partnership board meeting minutes.	
			8. On-going annual review of BaBB delivery plan.	8: Assistant Director (Democracy and Governance)		8. Current plan in place.	
			9.Medium Term Financial Plan (reviewed annually).	9: Strategic Director (CR)		9. Current plan in place / Cabinet reports.	
			10. HRA Business Plan (reviewed annually).	10: Strategic Director (H&CS)		10. Current plan in place / Cabinet reports	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			Planned:				
			1. Annual (31st March) review of BaBB Delivery Plan against external factors.	1: Management Team/ Cabinet.			
			2.Revised Corporate Plan following new political leadership (April 2025)	2: Assistant Directors (Democracy and Governance and Central Operations)			

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R16	"Cyber" crime or attack	High/ Major **(RED)**	1.Anti-virus, managed firewall, security patches and robust back-up procedure updated weekly.	1: ICT and Comms. Manager	Significant / Major **(AMBER)**	1.PSN certification in place	Strategic Director (CR) / PH – R&CS / H&CR OSP
			2.Awareness training sessions held throughout the year.	2: ICT and Comms. Manager		2. Training programme and attendance records.	
			3.Monthly e-communication from Cyber Crime Officer (WCC).	3: Strategic Director (CR)		3. Monthly e-communication.	
			4.Public Services Network (PSN) annual compliance certification.	4: ICT and Comms. Manager		4. PSN certification in place	
			5.Post "Azure" migration, LGA cyber security peer review undertaken (December 2023).	5: ICT and Comms. Manager		5. Peer review report.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			6.Phising e-mail testing of staff to identify and action training requirements (On-going).	6: ICT and Comms. Manager		6.Tests undertaken and training identified.	
			Planned:				
			1. "Cyber Essentials" certification application to be resubmitted pending Cyber security and risk review (2025/26, subject to upgrade of Electoral Registration software).	1: ICT and Comms. Manager		1. Certificate in place.	
			2. Test internal e-mail security (on-going).	2: ICT and Comms. Manager		2. Report to Management Team.	
			3.Access to Electoral Registration database to be addressed (linked to Central Government elections "cyber" security threat briefing).	3:Head of Elections		3.Review completed with access arrangements in place and monitored at least annually.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			4.Review of maintenance, access, storage and disposal of shared files containing electoral data.	4:Head of Elections		4:Review completed / records.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R20	Pandemic – service, social and economic implications	Very High/ Major **(RED)**	1. Corporate Business Continuity Plan.	1: Chief Executive	Significant / Major **(AMBER)**	1. Plan in place.	Management Team / PH - Cabinet / H&CR OSP
			2. Business Continuity Plans (BCPs).	2: Assistant Directors		2: Plans in place.	
			3. Emergency Plan including regular training.	3: Strategic Director (CR)		3. Plan in place / training records.	
			4. Risk assessment in place to address and co-ordinate the safe delivery of (revised) services / working arrangements.	4: Head of Health and Safety and Environmental Health		4. Risk assessment in place.	
			5. Pandemic response and recovery: • Incident Management Team • Implement responsibilities linked to Civil Contingencies Act	5: Chief Executive		5. Terms of reference / meeting minutes:	

Ref: DOC/23/151140, 15th April 2025

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			6. Implement directives from Central Government, as required.	6: Chief Executive		6. Regular completion of pro forma returns to Government.	
			7. Effective and timely communication systems (employees, Elected Members, public and media).	7: Chief Executive		7. E-mail and public / media communications / bulletins.	
			8. Encourage employees to take up vaccination offers.	8: Chief Executive		8. Employee newsletters and bulletins.	
			Planned:				
			1. Update Emergency / Business Continuity Plans (September 2025).	1: Management Team		1. Plans 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
R25	Noncompliance with regulations relating to : • Freedom of Information • Environmental Information • General Data Protection resulting in penalties applied by the Information Commissioner's Office	Very high / major **(RED)**	**Freedom of Information / Environmental Information**		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
			Planned:				
			1.Refresher training for Senior Managers (February 2025).	1: Assistant Director (Central Operations)		1.Senior Management Team minutes / training records.	
			General Data Protection Regulations (GDPR)				
			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	

Ref: DOC/23/151140, 15th April 2025

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
			Planned:				
			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.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R34	Corporate Fraud: • Procurement • Payments and Finance • Elections • Employment application / recruitment • Internal Fraud • Housing benefit fraud, tenancy fraud, Right to Buy fraud, subletting and Council tax fraud • External grants (3rd sector, private sector and activity based funding/grants) • Insurance claims • Insider and employee fraud	Very High/ Major **(RED)**	1. Employment of a Corporate Fraud Officer.	1: Assistant Director (Finance)	High / Serious **(AMBER)**	1.Officer in place.	Management Team / R&CS / H&CR OSP
			2. National Fraud Initiative.	2: Assistant Director (Democracy and Governance) / Assistant Director (Finance)		2. Records and exercise undertaken every 2 years (data upload, checked and updated)	
			3. Approved officers for different levels of approval for credit cards, purchase orders, invoices and payments.	3: Assistant Director (Finance)		3. Records and authorised list. Systems updated.	
			4. Officer declarations of interest process and duty.	4: Assistant Director (Democracy and Governance)		4. Records maintained.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			5. Member declarations of interest process and duty.	5: Assistant Director (Democracy and Governance)		5. Records Maintained.	
			6. Annual accounts – third party related transactions (chief officers).	6: Assistant Director (Finance)		6. Records maintained.	
			7. Procurement conflicts of interest assessment forms and declarations.	7: Assistant Director (Democracy and Governance)		7. Records maintained.	
			8. Procurement Contract Procedure Rules and Strategy.	8: Assistant Director (Democracy and Governance)		8. Strategy and Procedure Rules in place.	
			9. Access to Internal Audit provision (CMAP).	9: Strategic Director (CR)		9. CMAP in place.	
			10. Employee Code of Conduct.	10: Assistant Director (Central Operations)		10. Code 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
			11. Elected Member Code of Conduct.	11: Assistant Director (Democracy and Governance)		11. Code in place.	
			12. Corporate Governance Training.	12: Assistant Director (Democracy and Governance)		12. Training records.	
			13. No Purchase Order No Pay Policy, Financial Procedure Rules and segregation of duties.	13: Assistant Director (Democracy and Governance)		13. Strategy and Procedure Rules in place.	
			14. Evidence-based insurance claims to mitigate fraudulent insurance claims.	14: Assistant Director (Finance)		14. Records maintained and checks undertaken.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			15. Council policies and procedures (Employee Code of Conduct, Gifts & Hospitality Policy, Anti-Fraud, Corruption and Bribery Strategy, Anti-Money Laundering Policy, Whistleblowing Procedures).	15: Assistant Director (Democracy and Governance) / Assistant Director (Finance)		15. Policies and Procedure Rules in place.	
			16. Directors are responsible for ensuring that there is a strong internal control environment within their service areas, for example, by making sure that proper authorisation and approval controls are in place, e.g. payroll documentation, or that certain duties are divided amongst the team to prevent the risk of fraud or accidental error.	16: Strategic Directors and Assistant Directors		16.Procedures updated and tested following National Fraud Initiative and Audits.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			17. Recruitment employee related checks (No right to work in the UK, false identity, false qualifications, false references, concealment of key information for example reasons for breaks in employment history).	17: Assistant Director (Central Operations)		17. Checks in place and files recorded and maintained.	
			18. Evidence based checks and challenge for over inflation of activity data by providers to obtain increased funding / payments from the Council for any and all grant applications.	18: Strategic Directors and Assistant Directors		18. Checks in place and files recorded and maintained.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			19. Electoral based fraud: identify fraud, applications for registration, absent voters and voter ID.	19: Democratic and Electoral Services Manager		19. Records maintained per elections risk register.	
			20. Undertake visits to properties across the housing stock to ensure that the tenants assigned are residing there as their main and principal home.	20: Assistant Director (Social Housing)		20. Correspondence / records of checks.	

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
R3	A major NBBC contractor or supplier cannot deliver a service as planned or ceases trading / failure to comply with requirements for procuring goods and services	Significant / Major (AMBER)	1. Managed under the Democracy and Governance Operational Risk Register.	1: Assistant Director (Democracy and Governance)	Low / Major (GREEN)	1. Democracy and Governance Operational Risk Register.	Management Team / PH – R&CS / H&CR OSP
			2. Procurement Team notify service areas of declining economic financial stability of a supplier for appropriate action.	2: Procurement Team / Assistant Directors		2. Correspondence and Credit Agency records.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R7	Breakdown of Council services due to an emergency or significant incident.	Low/Major **(AMBER)**	1. Corporate Business Continuity Plan.	1: Management Team	Low/ Serious **(GREEN)**	1. Plan in place.	Chief Executive and Strategic Director (CR) / PH - Cabinet / H&CR OSP
			2. Emergency Plan including regular training.	2: Management Team		2: Plan in place.	
			3. Shared service Emergency Planning Officer in place.	3: Strategic Director (CR)		3. Joint Emergency Planning Officer (JEPO) two-year work streams plan.	
			4.Flexibility of working at Town Hall or Gresham Road Depot.	4: Strategic Director (CR)		4.Availability of locations.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			5. People Services Manager appointed as strategic lead officer for emergency planning.	5: Strategic Director (CR)		5.Officer in post.	
			6. Business Continuity Planning policy.	6: Strategic Director (CR)		6. Policy in place.	
			7. Updated Emergency Plan.	7: Strategic Director (CR) and Joint Emergency Planning Officer (shared service)		7. Plan in place.	
			8. "Cloud"-based service has replaced server rooms in council buildings.	8: Strategic Director (CR) and Joint Emergency Planning Officer (shared service)		8.Service 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
			9. On-going Strategic and Assistant Directors attending Warwickshire Local resilience Forum (WLRF) training on Civil Contingencies Act responsibilities.	9: Chief Executive		9. Training records held by WLRF.	
			Planned:				
			1. Update Business Continuity Plans (September 2025).	1: Strategic Directors			
			2. On-going engagement with regional representatives to explore options to mitigate national power outages.	2:Strategic Director (CR)			
			3. Training sessions on new Emergency Plan by end of October 2025.	3:Strategic Director (CR)			

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R10	Failure to effectively manage the Council's finances	V. High / Serious **(RED)**	1. Adequate level of reserves held to manage fluctuations. Section 151 assurance statement on budget proposals	1:Management Team	Low / Moderate **(GREEN)**	1. Reserves maintained and kept under review / S151 Officer's annual Assurance Statement on reserves.	Chief Executive & Strategic Director (CR) – Section 151 Officer / PH – R&CS / H&CR OSP
			2. Housing Revenue Account Business Plan (regularly updated).	2: Management Team		2. Internal audit / annual Cabinet report.	
			3. Updated Medium-Term Financial Plan.	3: Management Team		3. Cabinet / Full Council minutes.	
			4. Strategic Risk Register maintenance and review.	4: Management Team		4. Document controlled Strategic Risk Register.	
			5. Financial and contract procedure rules and associated regular training.	5: Management Team		5. Internal / External audit reports / training records.	

Ref: DOC/23/151140, 15th April 2025

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			6. Level of reserves reviewed as part of annual budget setting process.	6: Strategic Director (CR)		6. Cabinet report.	
			7. Section 151 Officer in post.	7: Chief Executive		7.Member-led appointment process.	
			8.Multi-year capital budget and funding monitoring (in February).	8: Strategic Director (CR)		8.Cabinet / Council reports.	
			Planned:				

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R12	Safeguarding children and adults with care and support needs from abuse, neglect and harm	Significant / Serious (AMBER)	1. Safeguarding Policy and Guidance (and subject to regular review)	1:Assistant Director (Democracy and Governance)	Low / Serious (GREEN)	1. Policy in place and training records.	Strategic Director (CR) / PH – R&CS / H&CR OSP
			2. Corporate safeguarding lead officer and single point of contact for Warwickshire Front Door.	2: Assistant Director (Democracy and Governance)		2. Job description and person specification.	
			3. NBBC Recruitment & selection procedure.	3: Strategic Director (CR)		3. Recruitment records.	
			4. Disclosure & Barring Service policy and checks (DBS).	4: People Services Manager		4. DBS check records.	
			5. Warwickshire Front Door and Adult Social Care (ASC).	5: Assistant Director (Democracy and Governance)		5. NBBC and WCC Website	
			6. Safeguarding refresher training (every 3 years).	6: Assistant Director (Democracy and Governance)		6. Training records ("DELTA").	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			7. Warwickshire Safeguarding partnership best practice guidelines.	7: Assistant Director (Democracy and Governance)		7. Warwickshire Safeguarding website	
			8. Warwickshire Housing safeguarding lead officer.	8: Assistant Director (Strategic Housing)		8. Correspondence / meeting minutes.	
			9. Multi Agency Public Protection Authority (MAPPA).	9: Assistant Director (Strategic Housing)		9. Minutes of meetings.	
			10.Referrals and requests for information (separate ones for Children and Adults).	10: Assistant Director (Democracy and Governance)		10.Referrals and requests records.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			Planned:				
			1. Update sharing agreement with Warwickshire Family Connect / Warwickshire Safeguarding Children's Board (in 2025/26).	1: Assistant Director (Democracy and Governance) / Equalities and Safeguarding Officer		1. Revised agreement 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
R15	Insufficient planning or resourcing of capital investment priorities	Significant / Serious (AMBER)	1. Corporate / Strategic programme management arrangements.	1: Chief Executive	Low / Moderate (GREEN)	1. Minutes of meetings (including Strategic / HRA / ITC / Regeneration / Corporate Asset Management programme boards).	Management Team / PH - Cabinet / H&CR OSP
			2. Asset Management Plan & Capital Strategy including acquisitions and Disposal Programme (5 years) regularly reviewed.	2: Strategic Directors (CR / (P&E) Assistant Directors (F) and (E)		2. 3, 6 & 10. Cabinet / Full Council reports.	
			3. Housing Revenue account (HRA) Business Plan regularly reviewed.	3: Strategic Directors (H&CS) and (CR)		3. Plan and dedicated Finance Business Partner in place.	
			4. Medium Term Financial Plan including regular review.	4: Strategic Director (CR)		4. Plan 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
			5. Internal audit programme.	5: Strategic Director (CR)		5. Audit reports.	
			6. Treasury Management Strategy and Prudential Indicators	6: Strategic Director (CR)		6. Strategy in place / Council minutes.	
			7. Regular reporting on the multi-year Capital programme.	7: Strategic Director (CR)		7. Reports.	
			8. WMCA funding for land remediation.	8: Strategic Director (P&E)		8. Funding received.	
			9. "Pathfinder" funding agreed.	9: Strategic Director (P&E)		9. Monitoring and evaluation returns and programme board minutes	
			10.Bedworth funding agreed.	10: Strategic Director (P&E)		10. Funding agreement in place. Corporate programme strategic board minutes.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			11. Monthly WMCA engagement meetings.	11: Assistant Director Planning)		11. Meeting minutes / funding applications.	
			12. HRA Governance group to review operational and financial management.	12 Strategic Director (H&CS)		12. Meeting minutes.	
			13.Annual General Fund / HRA budget setting (3 year budget process).	13: Strategic Director (CR)		13.Cabinet meeting minutes.	
			14.Budget monitoring.	14:Management Team (Corporate Executive Team)		14. MT reports / minutes.	
			15.Programme management arrangements.	15:Management Team (Senior Leadership Team)		15. MT reports / minutes.	
			16. Investment plan agreed under the "Pathfinder" programme.	16: Strategic Director (P&E)		16.Agreement 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
			Planned:				
			1. Revised HRA Asset Management Plan (June 2025).	1: Assistant Director (Social Housing and Community Safety)		1. Plan in place.	
			2. Refresh Asset Management Plan & Capital Strategy including Acquisition and Disposal programme (in 2025/26).	2: Assistant Directors (F) and (E) / Strategic Directors (CR) / (P&E)		2. Cabinet / Full Council reports / Corporate Governance Group minutes	
			3. Review of Corporate Asset Register into a single software facility.	3: Assistant Director (Finance)		3.Single software facility in place.	
			4.Review of HRA governance arrangements (June 2025).	4:Strategic Director (H&CS)		4.Housing and Communities OSP report.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R23	Communications - disruptive adverse comment or media coverage reflecting extremely badly on the Council, impacting on the reputation of the Council and/or the Borough, resulting from failure to take appropriate communications action	Low / Moderate (GREEN)	1. Communications and marketing strategy associated protocols and plans (and on-going review).	1: Assistant Director (Central Operations)	Low / Moderate (GREEN)	1. Press releases, training, communications and marketing action plan; media statements; Media monitoring.	Strategic Director (CR) / PH - Cabinet / H&CR OSP
			2. Media training for Strategic / Assistant Directors.	2: ICT & Communications Manager / Communications and Marketing Team Leader		2.Training records.	
			3.LGA social media training for Elected Members (and on-going internal training, as required). .	3: Chief Executive		3.Training delivered.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			Planned:				

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R26	Non-compliance with Department of Work and Pensions (DWP) data use guidelines.	High / Serious (**AMBER**)	1. On-going system testing linked to DWP plan.	1: Strategic Director (CR)	Low / Low (**GREEN**)	1. DWP plan.	Strategic Director (CR) / PH – R&CS / H&CR OSP
			Planned:				
			1.On-going audit of DWP Plan.	1: Assistant Director (Finance)		1.Audit logging records.	

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.	
			4. Annual Capital Fire Safety Work Programme.	4: Strategic Director (P&E) / Assistant Director (Economy)		4. Cabinet reports and Capital Projects 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
			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 (CMAP)		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.	
			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	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			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
			Planned:				
			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
R29	Human Resources (HR) – failure to effectively manage workforce planning / comply with legislation and policies	Low / Serious **(GREEN)**	1.Advisory Conciliation and Arbitration Service (ACAS) code of practice and legislation.	1:Assistant Director (Central Operations) / People Services Manager	Low / Serious **(GREEN)**	1.Approved policies in place.	Chief Executive (Head of Paid Services) / PH R&CS / H&CR OSP
			2.Up-to-date HR policies and procedures subject to regular review and developed in consultation with trade unions.	2: Assistant Director (Central Operations) / People Services Manager		2.Regular alerts from designated bodies / Policies in place.	
			3.Appropriate training on HR policies and procedures.	3: Assistant Director (Central Operations) / People Services Manager		3.Training records.	
			4.Change Management Policy	4: Assistant Director (Central Operations) / People Services Manager / service managers.		4.Management Team minutes.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			5. Periodic review of employee remuneration levels.	5: People Services Manager		5.Report to Remuneration Panel and Employee Committee.	
			6.Strategic Workforce Planning training undertaken.	6: People Services Manager / Assistant Directors.		6.Training records	
			Planned:				
			1.Introduction of Human Resources and People Strategy (March 2026).	1: Assistant Director (CO) / People Services Manager		1.Strategy 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
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.	
			Planned:				
			1. Update complaints policy following regulatory changes (June 2025)	1: Assistant Director (Central Operations)		1.Updated policy 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
R 31	Modern Slavery and Human Trafficking – failure to effectively monitor and comply with legislation	Low /Major (**GREEN**)	1.Annual modern slavery statement (including policies and training).	1:Assistant Director (G&D) / Assistant Director (CO) / People Services Manager	Low /Major (**GREEN**)	1.Cabinet minutes / Modern Slavery Statement Register.	Management Team / PH – R&CS / H&CR OSP
			2.Qualified officers in post (Human Resources & Procurement).	2: Assistant Director (G&D) / Assistant Director (CO) / People Services Manager		2.Officers in post.	
			3.Raising awareness with Elected Members.	3: Strategic Director (CR) / Assistant Director (G&D)		3.Cabinet minutes / Corporate Governance Training.	
			4.Procurement procedures including Modern Slavery questions as part of the tender process – including contract terms and conditions.	4: Assistant Director (G&D)		4.Contract procedure rules and monitoring and review of tender templates	

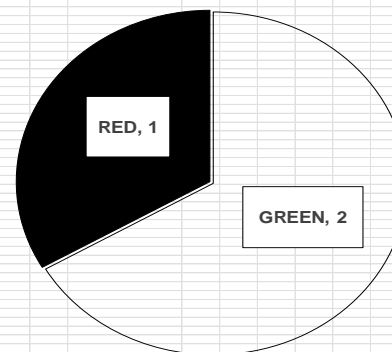| Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			5.Specific Modern Slavery e-learning training module for senior officers.	5: Assistant Director (CO) / People Services Manager		5.Training records.	

Strategic Performance Report – Executive Summary January 2025
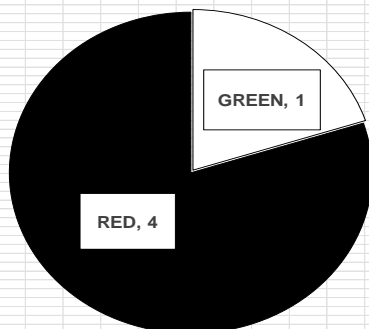
(Data as at the end of December 2024)

Charts Summary
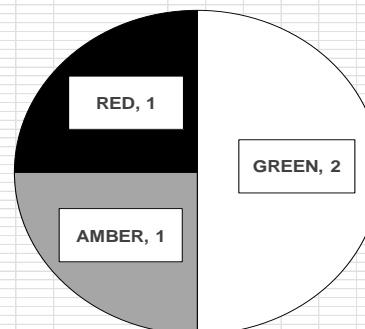
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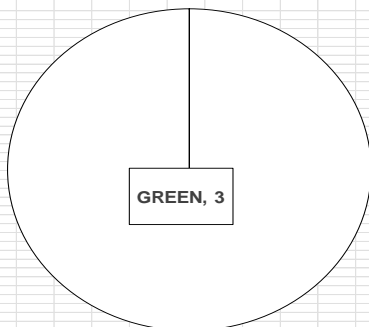
GREEN, 3

2. PEOPLE AND SERVICE DELIVERY (P&SD)

RED, 1

GREEN, 2

3. PROCESSES

GREEN, 1

RED, 4

4. IMPROVEMENT

RED, 1

GREEN, 2

AMBER, 1

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)
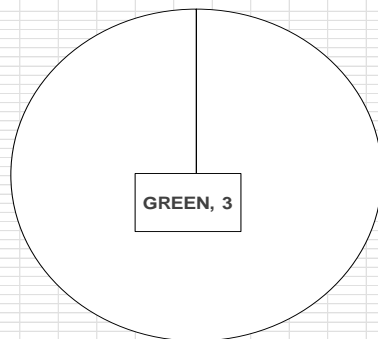

ADDITIONAL NOTE

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.

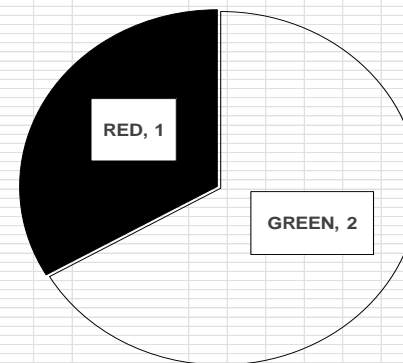# Strategic Performance Report – Executive Summary April 2025

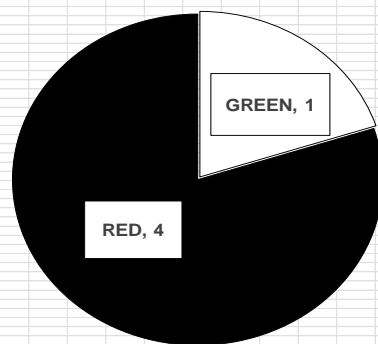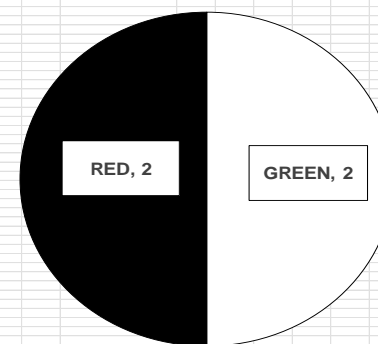## (Data as at the end of March 2025)

Charts Summary

1. FINANCE COLLECTION

GREEN, 3

2. PEOPLE AND SERVICE DELIVERY (P&SD)

RED, 1

GREEN, 2

3. PROCESSES

GREEN, 1

RED, 4

4. IMPROVEMENT

RED, 2

GREEN, 2

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.