

**AGENDA ITEM NO.**

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**NUNEATON AND BEDWORTH BOROUGH COUNCIL**

|                                |   |
|--------------------------------|---|
| <b>Report to:</b>              | Housing and Communities Scrutiny Panel  |
| <b>Date of Meeting:</b>        | 25 <sup>th</sup> September 2025   |
| <b>Subject:</b>                | Integrated Performance Report - First Quarter 2025/26                                     |
| <b>Portfolio:</b>              | Housing / Communities and Public Services   |
| <b>Responsible Officer:</b>    | Assistant Director (Democracy and Governance)/<br>Risk Management and Performance Officer |
| <b>Corporate Plan – Theme:</b> | Your Council  |
| <b>Corporate Plan – Aim:</b>   | Strive for transparency and accountability in all that we do. Increase public scrutiny.   |
| <b>Ward Relevance:</b>         | All   |
| <b>Public or Private:</b>      | Public  |
| <b>Forward Plan:</b>           | Not a key decision  |

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**1. Purpose of report**

This integrated report seeks to provide appropriate performance information and risk data for service areas within the scope of this Panel - providing the Panel with sufficient information to monitor results to address issues arising.

**2. What is the panel being asked to consider?**

The panel is asked to scrutinise the performance and risk information contained in this report.

### 3. **Recommendation**

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

### 4. **Background**

This report is required for consideration by Overview and Scrutiny panels 3 times per year.

### 5. **Report**

#### 5.1 **Introduction**

5.1.1 This integrated report seeks to provide appropriate performance information and risk data for service areas within the scope of this Panel

5.1.2 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.

#### **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

## 5.2 Financial Data

- 5.2.1 The Overview and Scrutiny Panel (OSP) should note that 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.
- 5.2.2 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.
- 5.2.3 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 August 2025 forward plan, the following financial reports are due to be considered by Cabinet in 2025:
- General Fund Budget Monitoring Q2 (November Cabinet)
  - HRA Budget Monitoring Q2 (November Cabinet)
  - Capital Monitoring Q2 (November Cabinet)

### 5.3 Report Format 2025/26

The report has been amended from the 2024/25 format to only include items within the remit of the panel.

#### **Summary of the report content for 2025/26:**

| <b>REPORT ITEM</b>  | <b>COMMENTS</b>  |
|---|--|
| <b><u>Appendix A</u> – summary of :</b> <ul style="list-style-type: none"> <li>• Performance measures within the remit of the panel</li> <li>• Freedom of Information / Environmental Information Requests and trends</li> <li>• Complaints and trends</li> <li>• Strategic Risk Register risks within the remit of the panel</li> <li>• Member Enquiry Forms and trends</li> </ul> | NO CHANGE FROM 2024/25 REPORTING   |
| <b><u>Appendix B</u> - Performance measures within the remit of the panel:</b><br><br>H&COM - per Housing KPI report<br>BRP - 19<br>E&L - 13<br>H&CORP - 17   | <p>Considerably more measures than previously supplied. This is as a result of a full review of performance collation and reporting in conjunction with service areas linked to automating the process as much as possible.</p> <p><b>Housing and Communities OSP -</b><br/> Please note that a detailed report on these measures is supplied as a separate agenda item to the panel. Consequently, the performance summary that is provided will allude to that report to avoid duplication of information.</p> |
| <b><u>Appendix C</u> – Details of Strategic Risk Register risks within the remit of the panel</b>   | NO CHANGE FROM 2024/25 REPORTING   |
| <b>Executive Summary of the Strategic Performance Report to Management Team</b>   | <b>REMOVED FROM REPORT</b> - as these are cross-cutting measures and have not helped focus the scrutiny process.   |

**NOTE:** For convenience, an Executive Summary will be provided as the main report for the panel with a link to the full report. As outlined at previous meetings, this means that panel members, in the first instance, will be reviewing a succinct overview of the report content.

#### 5.4 Regulation of Investigatory Powers Act (RIPA) 2000 (covert surveillance)

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 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.

#### 5.5 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.

### 6. Appendices

Please note the following appendices:

Appendix A – Summary Charts

Appendix B – 1 Performance Data , 2 Performance Summary

Appendix C – Strategic Risk Register Summary

### 7. Report Writer Details:

Officer Job Title: Risk Management and Performance Officer

Officer Name: Steve Gore

Officer Email Address: [steve.gore@nuneatonandbedworth.gov.uk](mailto:steve.gore@nuneatonandbedworth.gov.uk)

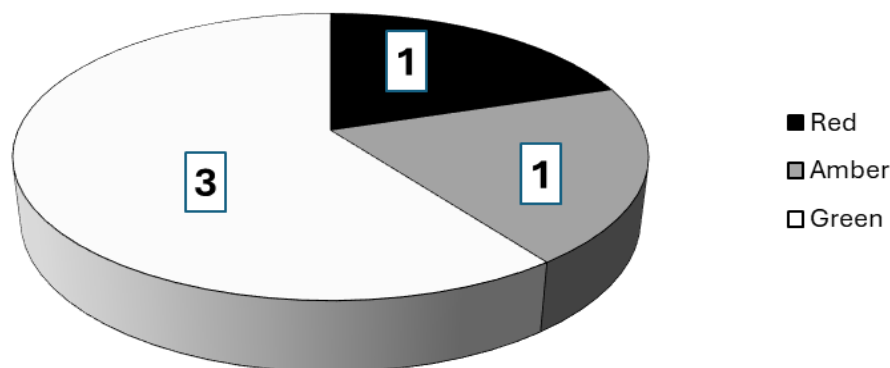
## Performance Summary

The agreed Housing performance measures are provided in the Housing Performance - Key Performance Indicators agenda item as per the Work Programme approved by the panel on 5<sup>th</sup> June 2025.  
This is to avoid duplication of information on the same agenda which may cause the panel confusion.

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

|   | Number Received<br>2025/26<br>(2024/25) | Completed<br>2025/26<br>(2024/25) | Late<br>2025/26<br>(2024/25) | Outstanding<br>2025/26<br>(2024/25) |
|---|---|-----------------------------------|------------------------------|-------------------------------------|
| <b>FOI / EIR Requests - 20-day target</b> | 203<br>(200)                            | 196<br>(198)                      | 43<br>(34)                   | 7<br>(2)                            |
| <b>Complaints -10-day target</b>          | 358<br>(521)                            | 351<br>(521)                      | 47<br>(48)                   | 7<br>(0)                            |

## Strategic Risk Register Summary



## Member Enquiry Forms (MEFs) Summary First Quarter

| Number Received |         |
|-----------------|---------|
| 2024/25         | 2025/26 |
| 179             | 203     |

### Subject trends identified in the current quarter:

**FOI / EIR** – None identified

**Complaints** - None identified

**MEFs** - Housing ( 65) and Leisure and Culture (44) over 50% of total

## **Appendix B1**

### **Performance Report First Quarter 2025/26 - Housing and Communities**

The agreed Housing performance measures are provided in the **Housing Performance - Key Performance Indicators agenda item** as per the Work Programme approved by the panel on 5<sup>th</sup> June 2025.

This is to avoid duplication of information on the same agenda which may cause the panel confusion.

## **Appendix B2**

### **Performance Summary First Quarter 2025/26 - Housing and Communities**

The agreed Housing performance measures are provided in the **Housing Performance - Key Performance Indicators agenda item** as per the Work Programme approved by the panel on 5<sup>th</sup> June 2025.

This is to avoid duplication of information on the same agenda which may cause the panel confusion.

## **NBBC Strategic Risk Register Summary**

### **First Quarter 2025/26**

#### **Full Register Summary**

The total number of 'live' risks is 25.

As at the end of June 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**

#### **Housing and Communities OSP Risks Summary**

There are five strategic risks within the remit of the panel. One is "net red", one is "net amber" and three are "net green". Details of these risks are shown below.





# **NBBC Strategic Risk Register**

Current Version: 1<sup>st</sup> July 2025

Housing and Communities OSP Risks

## Risk Level Indicator Matrix and Descriptors

### Key

|       |                          |
|-------|--------------------------|
| Green | 1 - 4<br>(acceptable)    |
| Amber | 6 - 9<br>(tolerable)     |
| Red   | 12 -16<br>(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"> <li>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</li> <li>Loss of major stakeholder/partner.</li> <li>Adverse outcome of a serious regulatory enquiry</li> </ul> | <ul style="list-style-type: none"> <li>Financial loss over £400,000</li> <li>Serious risk of legal challenge</li> </ul>                   | <ul style="list-style-type: none"> <li>Sustained adverse TV/radio coverage</li> <li>Borough wide loss of public confidence</li> <li>Major damage to local environment, health and economy</li> <li>Multiple loss of life</li> </ul>                                     |
| 3 | Serious         | <ul style="list-style-type: none"> <li>A service delivery failure causes significant hardship for a period of 2 to 3 weeks or 3 to 7 calendar days for vulnerable people</li> <li>Formal regulatory inquiry</li> <li>Loss of a key partner or other partners</li> </ul>   | <ul style="list-style-type: none"> <li>Financial loss between £200K and £399K</li> <li>High risk of successful legal challenge</li> </ul> | <ul style="list-style-type: none"> <li>Significant adverse coverage in national press or equivalent low national TV coverage</li> <li>Serious damage to local environment, health and economy</li> <li>Extensive or multiple injuries &amp;/or a fatality</li> </ul>    |
| 2 | Moderate        | <ul style="list-style-type: none"> <li>A service delivery failure causes significant hardship for 1 to 2 weeks or 1 -2 calendar days for vulnerable people</li> <li>Loss of a significant non-key partner</li> <li>Legal concerns raised</li> <li>Loss of employees has moderate effect on service provision</li> </ul>                                 | <ul style="list-style-type: none"> <li>Financial loss between £50K and £199K</li> <li>Informal regulatory enquiry</li> </ul>              | <ul style="list-style-type: none"> <li>Significant adverse coverage in local press or regional TV</li> <li>Large number of customer complaints</li> <li>Moderate damage to local environment, health and economy</li> <li>Moderate injuries to an individual</li> </ul> |
| 1 | Low             | <ul style="list-style-type: none"> <li>Disruption to services for up to 1 week</li> <li>Minor legal implications</li> <li>Loss of employees not significantly affecting service provision</li> </ul>  | <ul style="list-style-type: none"> <li>Financial loss up to £49K</li> </ul>   | <ul style="list-style-type: none"> <li>Minor adverse media coverage</li> <li>Minor environmental, health and economy damage</li> <li>Minor increase in number of customer complaints</li> <li>One or more minor injuries to an individual</li> </ul>                    |

## NET RED RISKS

| Risk Ref  | Risk Description  | Gross Risk                        | Mitigation Control Existing / Ongoing          | Mitigation Owner                          | Net Risk / Status                   | Sources of Assurance  | Risk Owner / Portfolio (PH) / OSP                |
|-----------|---|-----------------------------------|--|---|-------------------------------------|---|--|
| <b>R1</b> | Potential failure to provide adequate accommodation to meet the needs of the borough with consequent impact on the lives of residents | Very High / Major<br><b>(RED)</b> | 1. Housing / Homelessness Strategy.            | 1:Assistant Director (Strategic Housing)  | Very High / Serious<br><b>(RED)</b> | 1. Housing Needs Survey, Strategic Housing Market Assessment, Housing and Economic Development Needs Assessment (HEDNA), Sustainable 30 Year HRA Business Plan. | Strategic Director (H&CS) / PH – H / H & COM OSP |
|           |   |                                   | 2. Warwickshire Heads of Housing Group (WHOH). | 2: Assistant Director (Strategic Housing) |                                     | 2. Minutes of WHOH meetings.  |  |

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>                           | <b>Mitigation Owner</b>                   | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>         | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|--|---|--------------------------|-------------------------------------|--|
|                 |                         |                   | 3. Affordable Housing Supplementary Planning Document (Borough Plan).  | 3: Assistant Director (Strategic Housing) |                          | 3. Document in place.               |  |
|                 |                         |                   | 4. Housing Revenue Account (HRA) Development and Acquisition Strategy. | 4: Strategic Director (H&CS)              |                          | 4. Documents / minutes of meetings. |  |
|                 |                         |                   | 5. Investment Partner status with Homes England.                       | 5: Strategic Director (H&CS)              |                          | 5. Documents / minutes of meetings. |  |
|                 |                         |                   | 6. Development Team for HRA new builds.                                | 6: Strategic Director (H&CS)              |                          | 6. Management Team minutes          |  |
|                 |                         |                   | 7. Nominations agreements with registered providers.                   | 7: Assistant Director (Strategic Housing) |                          | 7. Agreement records.               |  |
|                 |                         |                   | 8. Annual review of HRA Business Plan                                  | 8: Strategic Director (H&CS)              |                          | 8. Approved plan in place.          |  |

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>  | <b>Mitigation Owner</b>                                      | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>             | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|---|--|--------------------------|---|--|
|                 |                         |                   | 9.Landlord Liaison Officers to support sustainable tenancies in private sector housing. | 9: Assistant Director (Strategic Housing)                    |                          | 9. Landlord Forum minutes and casework. |  |
|                 |                         |                   | 10.Tenancy Support Officer for HRA stock.   | 10: Assistant Director (Social Housing and Community Safety) |                          | 10.Officer in place / casework notes.   |  |
|                 |                         |                   | 11.Creation of Homelessness Prevention Team (January 2024).                             | 11: Assistant Director (Strategic Housing)<br>12             |                          | 11.Team in place / casework notes.      |  |
|                 |                         |                   | 12.HRA stock "Right-sizing" Policy and Tenant Liaison Officer established               | 12: Assistant Director (Social Housing and Community Safety) |                          | 12.Policy in place / casework records.  |  |
|                 |                         |                   | 13.Revised Homelessness Strategy.   | 13:Assistant Director (Strategic Housing)                    |                          | 13.Strategy in place.                   |  |

Ref: DOC/23/151140, 1<sup>st</sup> July 2025

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing   | Mitigation Owner  | Net Risk / Status | Sources of Assurance           | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|---|-------------------|--------------------------------|-----------------------------------|
|          |                  |            | 14.Reviewed Housing Strategy (December 2024).   | 14: Assistant Director (Strategic Housing)                        |                   | 14. Revised strategy in place  |                                   |
|          |                  |            | <b><u>Planned:</u></b>  |   |                   |                                |                                   |
|          |                  |            | 1. HRA / GF development programme.  | 1: Capital Investment Service Manager / Strategic Director (H&CS) |                   | 1. Programmes in place         |                                   |
|          |                  |            | 2. Consultation and formulation of a Town Centre Strategy (2025/26).                          | 2: Assistant Director (Economy)                                   |                   | 2. Strategy in place           |                                   |
|          |                  |            | 3. Review of Borough Plan (Revised plan early 2024, approval and sign-off fully Autumn 2025). | 3: Assistant Director (Planning)                                  |                   | 3. Publication of revised plan |                                   |

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>   | <b>Mitigation Owner</b>  | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>                        | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|--|--|--------------------------|--|--|
|                 |                         |                   | 4. Review of Housing Revenue Account Development and Acquisition Strategy.                 | 4: Assistant Director (Social Housing and Community Safety)                        |                          | 4. Elected Member – approved document in place.    |  |
|                 |                         |                   | 5.Researching of new initiatives to promote the best use of housing stock (December 2025). | 5: Assistant Directors (Strategic Housing) / (Social Housing and Community Safety) |                          | 5. Associated research / reports and new policies. |  |
|                 |                         |                   | 6. Up-to-date Strategic Housing Marketing Assessment (SHMA) evidence (in Autumn 2025).     | 6: Assistant Director (Planning)   |                          | 6. Local Plan.                                     |  |



## 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                            |
|----------|---|-----------------------------------|--|--------------------------------|---------------------------------------|----------------------|--|
| R25      | Noncompliance with regulations relating to : <ul style="list-style-type: none"> <li>Freedom of Information</li> <li>Environmental Information</li> <li>General Data Protection</li> </ul> resulting in penalties applied by the Information Commissioner's Office | Very high / major<br><b>(RED)</b> | <u>Freedom of Information / Environmental Information</u>                      |                                | Significant / major<br><b>(AMBER)</b> |                      | 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.  |  |

Ref: DOC/23/151140, 1<sup>st</sup> July 2025

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>                                | <b>Mitigation Owner</b>                  | <b>Net Risk / Status</b> | <b>Sources of Assurance</b> | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|---|--|--------------------------|-----------------------------|--|
|                 |                         |                   | 3.Email alerts on receipt of new requests.                                  | 3: Strategic Director (CR)               |                          | 3.Emails.                   |  |
|                 |                         |                   | 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.        |  |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing   | Mitigation Owner                                 | Net Risk / Status | Sources of Assurance                                 | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|--|-------------------|--|-----------------------------------|
|          |                  |            | 8. Qualified DPO co-ordinating information in line with the Freedom of Information Act 2000 | 8: Strategic Director (CR)                       |                   | 8. Officer in place.                                 |                                   |
|          |                  |            | <b><u>Planned:</u></b>  |  |                   |  |                                   |
|          |                  |            | 1.Refresher training for Senior Managers (September 2025).                                  | 1: Assistant Director (Central Operations)       |                   | 1.Senior Management Team minutes / training records. |                                   |
|          |                  |            | <b><u>General Data Protection Regulations (GDPR)</u></b>                                    |  |                   |  |                                   |
|          |                  |            | 1. Corporate Information Governance Group (CIGG) / Information Management Group.            | 1: Assistant Director (Democracy and Governance) |                   | 1.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 |
|----------|------------------|------------|--|----------------------------|-------------------|---|-----------------------------------|
|          |                  |            | 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                                      |                                   |
|          |                  |            | 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   |                                   |

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>  | <b>Mitigation Owner</b>                            | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>   | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|---|--|--------------------------|---|--|
|                 |                         |                   | 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.  |  |
|                 |                         |                   | 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. Internal Audit undertaken (Option via Central Midlands Audit Partnership).                                       | 8: Assistant Director (Democracy and Governance)   |                          | 8. Report 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. 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      |                                   |
|          |                  |            | <b><u>Planned:</u></b>   |   |                   |                           |                                   |
|          |                  |            | 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.              |                                   |

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>  | <b>Mitigation Owner</b>           | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>           | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|---|-----------------------------------|--------------------------|---------------------------------------|--|
|                 |                         |                   | 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. |  |
|                 |                         |                   | 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                 |
|-----------|---|---------------------------------|--|---|----------------------------------|---|---|
| <b>R5</b> | Failure to reduce the fear of crime and disorder. | High /- Serious<br><b>(RED)</b> | 1. Nuneaton and Bedworth Safer Communities Partnership (NABSCOP). Meets monthly. Action points identified & regularly reviewed. Has own Risk Register. | 1: Communities and Community Safety Manager | Sig / Moderate<br><b>(GREEN)</b> | 1. Minutes of NABSCOP meetings, including crime performance statistics. External OSP reports. | Strategic Director (H&CS) / PH – LC&H / H&COM OSP |
|           |   |                                 | 2. Police & Crime Commissioner (PCC) grants.   | 2: Communities and Community Safety Manager |                                  | 2. Financial accounts (PCC grant receipt and usage). External OSP reports.                    |   |
|           |   |                                 | 3. Annual strategic assessment of crime, the level of crime & its impact on the community.   | 3: Communities and Community Safety Manager |                                  | 3. Confidential strategic document in place / Minutes of NABSCOP meetings.                    |   |



| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>   | <b>Mitigation Owner</b>                     | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>  | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|--|---|--------------------------|--|--|
|                 |                         |                   | 4. Corporate Community Safety Group.   | 4: Communities and Community Safety Manager |                          | 4. Minutes of Corporate Community safety Group.  |  |
|                 |                         |                   | 5. Anti-Social Behaviour & Harassment Policy / Anti-Social Behaviour Strategy                                  | 5: Communities and Community Safety Manager |                          | 5. Relevant case management records in Flare system / ASB Case Management Group minutes. |  |
|                 |                         |                   | 6. Communities Officer (anti-social behaviour).  | 6: Communities and Community Safety Manager |                          | 6. Officer in place.   |  |
|                 |                         |                   | 7. CCTV coverage.  | 7: Assistant Director (Economy)             |                          | 7.CCTV records / British Standard BS7958 Certification / Police Tasking Group minutes.   |  |
|                 |                         |                   | 8. Public Space Protection Orders (PSPOs) relating to begging control and anti-social cycling in town centres. | 8: Communities and Community Safety Manager |                          | 8. Cabinet meeting minutes.  |  |

Ref: DOC/23/151140, 1<sup>st</sup> July 2025

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>  | <b>Mitigation Owner</b>                                     | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>  | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|---|---|--------------------------|--|--|
|                 |                         |                   | 9. Dedicated ASB team for Landlord Services.  | 9: Assistant Director (Social Housing and Community Safety) |                          | 9. Performance reports to Strategic Director and portfolio holder.       |  |
|                 |                         |                   | 10.Additional full time Community Safety Officer role within the Council's establishment. | 10: Communities and Community Safety Manager                |                          | 10.Officer in place.   |  |
|                 |                         |                   | 11.Establish initiative via the UK Shared Prosperity Fund (SPF) – year 4 ends March 2026. | 11: Communities and Community Safety Manager                |                          | 11. Cabinet approval / initiatives in place. Grant paperwork / criteria. |  |
|                 |                         |                   | 12. Serious Violence Duty delivery plan.  | 12: Communities and Community Safety Manager                |                          | 12. Cabinet report / minutes.  |  |
|                 |                         |                   | 13.Certification for landlord ASB service   | 13: Landlord Services Manager                               |                          | 13. Certification 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 |
|----------|------------------|------------|---|---|-------------------|-------------------------------------|-----------------------------------|
|          |                  |            | <b>Planned:</b>   |   |                   |                                     |                                   |
|          |                  |            | 1. Devise and implement a Community Cohesion Strategy (April 2026)                    | 1: Communities and Community Safety Manager |                   | 1. Cabinet / OSP reports / minutes. |                                   |
|          |                  |            | 2. Devise and implement Neighbourhood Improvement and Cohesion Plans (September 2026) | 2: Communities and Community Safety Manager |                   | 1. Cabinet / OSP reports / minutes. |                                   |

| Risk Ref   | Risk Description   | Gross Risk                            | Mitigation Control Existing / Ongoing   | Mitigation Owner   | Net Risk / Status             | Sources of Assurance   | Risk Owner / Portfolio (PH) / OSP             |
|------------|--|---------------------------------------|---|--|-------------------------------|--|---|
| <b>R28</b> | Arson or accidental fire in General Purpose flats and Independent Living Complexes / bungalows / HRA-owned hostels | Significant / Major<br><b>(AMBER)</b> | 1. Fire Management Groups (Operational / Strategic / Governance).   | 1: Strategic Director (H&CS)   | Low / Major<br><b>(GREEN)</b> | 1. FMG meeting minutes. HASCOG reports.  | Strategic Director (H&CS)/ PH – H / H&COM OSP |
|            |  |                                       | 2. Regularly serviced fire detection & alarm systems / fire extinguishers and appropriate Fire Risk Assessments (FRA) regularly reviewed. | 2: Assistant Director (Social Housing and Community Safety) /Capital Projects Investment Manager |                               | 2. Service records, Fire extinguisher service records & records of FRA outcomes. External report (review of arrangements). |   |
|            |  |                                       | 3. Regular Health & Safety inspections give attention to fire risks.  | 3: Assistant Director (Social Housing and Community Safety) /Capital Projects Investment Manager |                               | 3. Quarterly Health & Safety inspection records.   |   |

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>                                   | <b>Mitigation Owner</b>   | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>                              | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|--|---|--------------------------|--|--|
|                 |                         |                   | 4. Annual Capital Fire Safety Work Programme in Housing Revenue Account stock. | 4: Assistant Director (Social Housing and Community Safety) / Capital Projects Investment Manager |                          | 4. Cabinet reports and Capital Projects Meeting Minutes. |  |
|                 |                         |                   | 5. External Wall Insulation specification reviewed.                            | 5: Assistant Director (Social Housing and Community Safety) / Capital Projects Investment Manager |                          | 5. Property records.                                     |  |
|                 |                         |                   | 6. Maglock doors fitted to communal areas of Independent Living Complexes.     | 6: Assistant Director (Social Housing and Community Safety) / Capital Projects Investment Manager |                          | 6. Doors in place.                                       |  |

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>   | <b>Mitigation Owner</b>  | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>              | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|--|--|--------------------------|--|--|
|                 |                         |                   | 7. Certified fire doors.   | 7: Assistant Director (Social Housing and Community Safety) /Capital Projects Investment Manager |                          | 7. Doors / Certification in place.       |  |
|                 |                         |                   | 8:Review of evacuation policy in complexes (signed off January 2023).  | 8: Assistant Director (Social Housing and Community Safety)                                      |                          | 8. Report in place.                      |  |
|                 |                         |                   | 9. Implementation of Social Housing (Regulation) Act 2023 regulations and other legislation related to fire detection and carbon monoxide detection systems. | 9: Capital Projects Investment Manager / Senior Health and Safety Officer (Housing)              |                          | 9. Effective detection systems in place. |  |

Ref: DOC/23/151140, 1<sup>st</sup> July 2025

| <b>Risk Ref</b> | <b>Risk Description</b> | <b>Gross Risk</b> | <b>Mitigation Control Existing / Ongoing</b>                                 | <b>Mitigation Owner</b>  | <b>Net Risk / Status</b> | <b>Sources of Assurance</b>                        | <b>Risk Owner / Portfolio (PH) / OSP</b> |
|-----------------|-------------------------|-------------------|--|--|--------------------------|--|--|
|                 |                         |                   | 10.External risk audit report by insurers (Gallagher Bassett) February 2023. | 10: Capital Projects Investment Manager / Senior Health and Safety Officer (Housing) |                          | 10.Action plan and MT minutes.                     |  |
|                 |                         |                   | 11. Existing property insurance policy documents.                            | 11: Assistant Director (Finance)   |                          | 11. Policy documents in place.                     |  |
|                 |                         |                   | 12. Liaison with Warwickshire Fire and Rescue Service Fire Prevention Team.  | 12: Capital Projects Investment Manager / Senior Health and Safety Officer (Housing) |                          | 12. E-mail records and meeting minutes / outcomes. |  |
|                 |                         |                   | 13. On-going fire safety training (internal and external).                   | 13: Capital Projects Investment Manager / Senior Health and Safety Officer (Housing) |                          | 13. 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 |
|----------|------------------|------------|---|--|-------------------|-----------------------------------|-----------------------------------|
|          |                  |            | 14.Fire safety information to be produced and published for all tenants and leaseholders (including Tenancy Packs). | 14:Assistant Director (Social Housing and Community Safety)  |                   | 14: Documents in place / on-line. |                                   |
|          |                  |            | <b><u>Planned:</u></b>  |  |                   |                                   |                                   |
|          |                  |            | 1. Implement periodic Internal Audit report recommendations.  | 1: Head of Safety and Environmental Health / Capital Projects Investment Manager / Senior Safety & Compliance Officer (Housing)    |                   |                                   |                                   |
|          |                  |            | 2.Act on appropriate recommendations arising from public enquiries / legislation changes (on-going).                | 2: Strategic Director (H&CS) / Assistant Director (Social Housing and Community Safety) / Head of Safety and Environmental Health) |                   |                                   |                                   |

Ref: DOC/23/151140, 1<sup>st</sup> July 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.Review and refresh Business Continuity Plans (September 2025). | 3: Strategic / Assistant Directors |                   |                      |                                   |

| Risk Ref   | Risk Description  | Gross Risk                   | Mitigation Control Existing / Ongoing                                      | Mitigation Owner               | Net Risk / Status            | Sources of Assurance                               | Risk Owner / Portfolio (PH) / OSP                                  |
|------------|---|------------------------------|--|--------------------------------|------------------------------|--|--|
| <b>R30</b> | Ombudsman Complaints (Local Government Ombudsman / Housing Ombudsman) – failure to meet customer expectation after completion of our complaints process | High / Low<br><b>(GREEN)</b> | 1. Formal complaints policy and process.                                   | 1: Customer Experience Officer | High / Low<br><b>(GREEN)</b> | 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.                   |  |

Ref: DOC/23/151140, 1<sup>st</sup> July 2025

| 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.     |                                   |
|          |                  |            | <b><u>Planned:</u></b>  |  |                   |                             |                                   |
|          |                  |            | 1. Update complaints policy following regulatory changes (September 2025) | 1: Assistant Director (Central Operations) |                   | 1. Updated policy in place. |                                   |