OSP Environment, Health and Leisure Report

Visuals showing data - as at 30 June 2026

For the 2026/27 reporting period, a total of 15 Performance Measures are reported to the Environment, Health and Leisure OSP

Filter Table of Performance Measure

Enter Performance Measure

Select a Performance Measure to view charts

- Culture, Museum & Arts
  - Annual — MUS 01 - In-person visits per hour linked to opening hours (year on year comparison of figures)
- Everyone Active
  - Annual — EA 01 - Total Leisure Attendance (usage) from all sites
  - Annual — EA 02 - Year-End Passport to Leisure Memberships (All Sites)
  - Annual — EA 03 - Passport to Leisure member usage for all sites
  - Annual — EA 04 - Social value savings to NHs (£)
- Parks & Open Spaces

Report User Guide - How performance is jduged

Performance in this OSP report is measured by comparing the latest figure with the same period in the previous financial year. The financial year runs from 1 April to 31 March, so "2026/2027" covers April 2026 to March 2027.

Most measures have a favourable direction, either increase or decrease. There are exceptions which have no favourable direction. These are monitored to understand demand on a service.

Good performance (Tick) – The performance measure has changed in the favourable direction.

Within Tolerance (Triangle) – The performance measure has changed in the unfavourable direction but within 2.5% threshold.

Area for improvement (Exclamation Mark) – The performance measure has changed in the unfavourable direction and exceeds the 2.5% threshold.

No Change (Dash) – The performance measure is unchanged from the same period last financial year.

No direction (Clipboard) – The performance measure is monitored to understand demand on services

For the majority of performance measures, targets are set each financial year These performance measures are then classified as one of three statuses based on how it compares with the target.

Performing Well (Green) – The performance measure is meeting or beating its target.

Area for improvement (Red) – The performance measure is not yet at its target.

No Target Defined (Light Stone) – The performance measure is monitored to understand demand on services but the council does not judge them against a target.

Select KPI: All

Navigate to Page

Risk & Performance Management

Visuals showing data - as at 30 June 2026

DG 01 - Corporate Plan Monitoring

On schedule for completion

89.02%

Vs Last Financial Year: +16.19%

Target

80.00%

Favourability: Higher is better

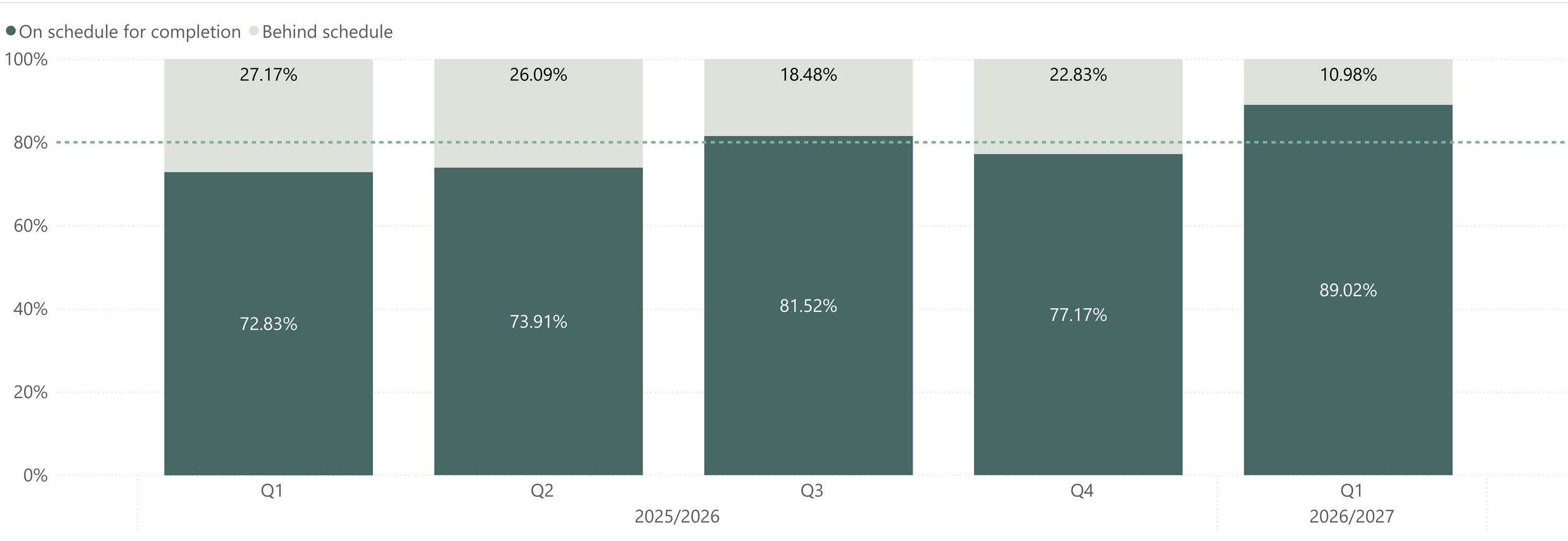
Vs Target

+9.02%

Performance:: Performing Well

Comments

73 green, 5 amber, 4 red = 73/82 (89%) green (on schedule for completion)



Select KPI: All

Navigate to Page

Risk & Performance Management

Visuals showing data - as at 30 June 2026

DG 02 - Strategic Risk Register monitoring

On schedule for completion

92.00%

Vs Last Financial Year: 0.00%

Target

80.00%

Favourability: Higher is better

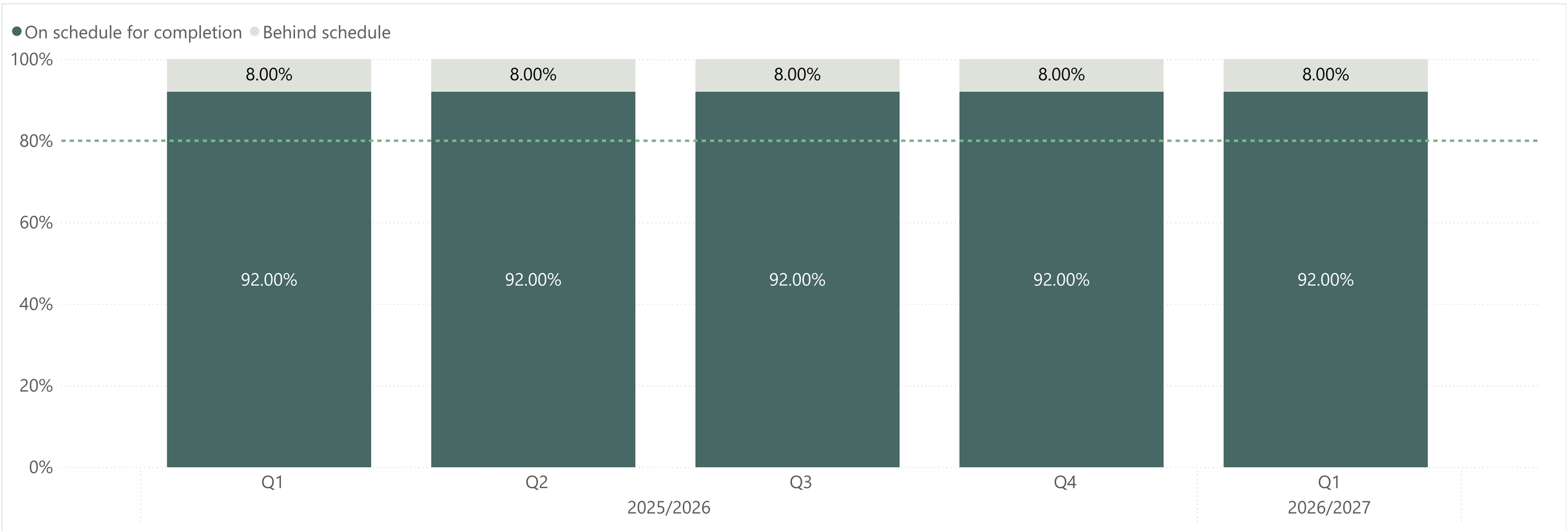
Vs Target

+12.00%

Performance:: Performing Well

Comments

2 red, 9 amber, 14 green risks = 23/25 (92%) "satisfactorily managed"



Culture, Museum & Arts

Visuals showing data - as at 30 June 2026

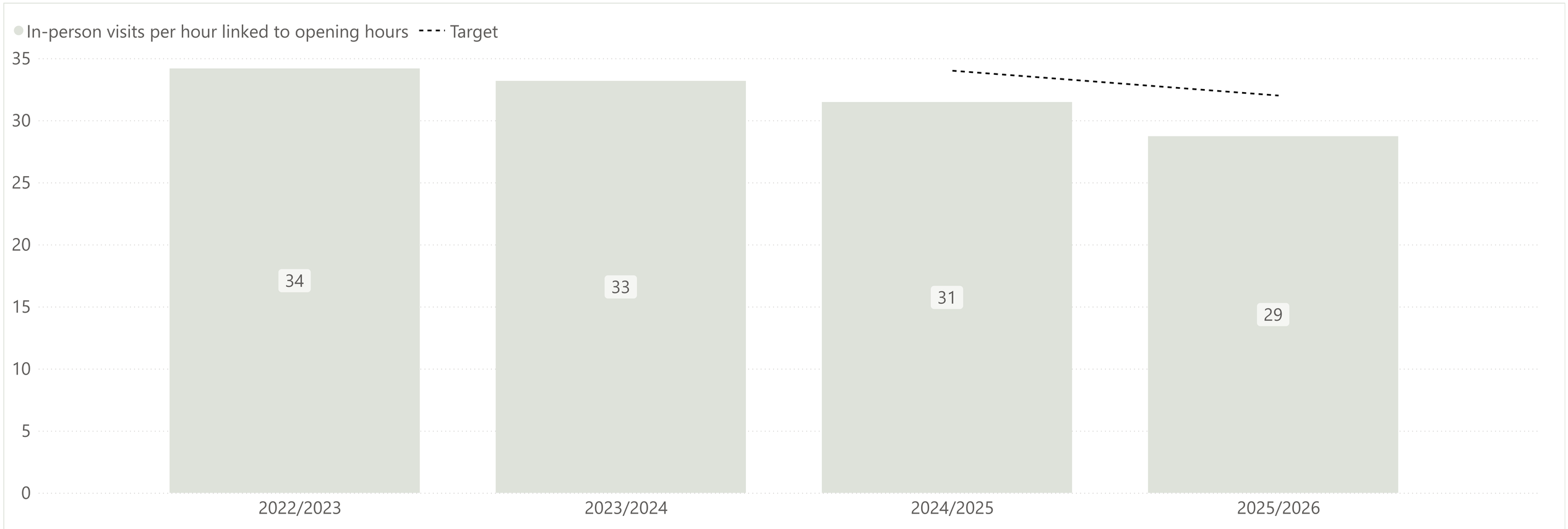
MUS 01 - In-person visits per hour linked to opening hours (year on year comparison of figures)

In-person visits per hour
29
Vs Last Financial Year: -3 !

Target (KG)
32
Favourability: Higher is better

Vs Target
-3
Performance:: Area for Improvement

Comments



Select KPI: All

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Visuals showing data - as at 30 June 2026

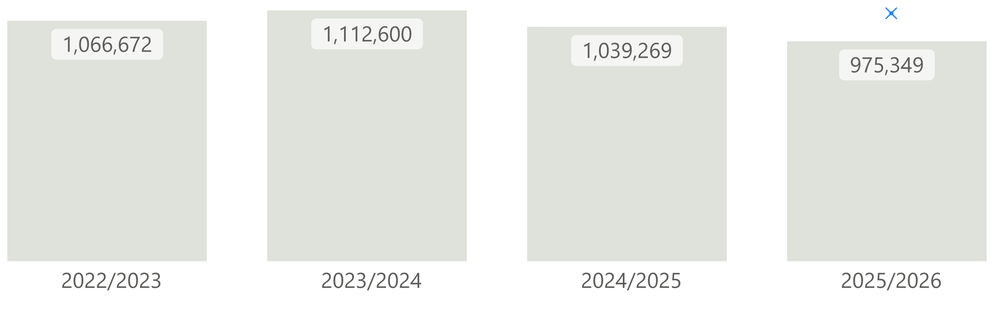
EA 01 - Total Leisure Attendance (usage) from all sites

975,349

Vs Last Year -63,920 ❗

Target: 1,100,000

Vs Target: -124,651 Area for Improvement



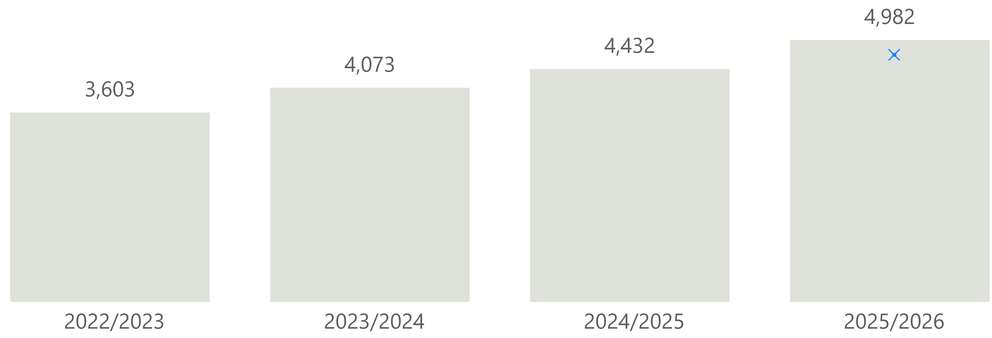
EA 02 - Year-End Passport to Leisure Memberships (All Sites)

4,982

Vs Last Year +550 ✅

Target: 4,700

Vs Target: +282 Performing Well



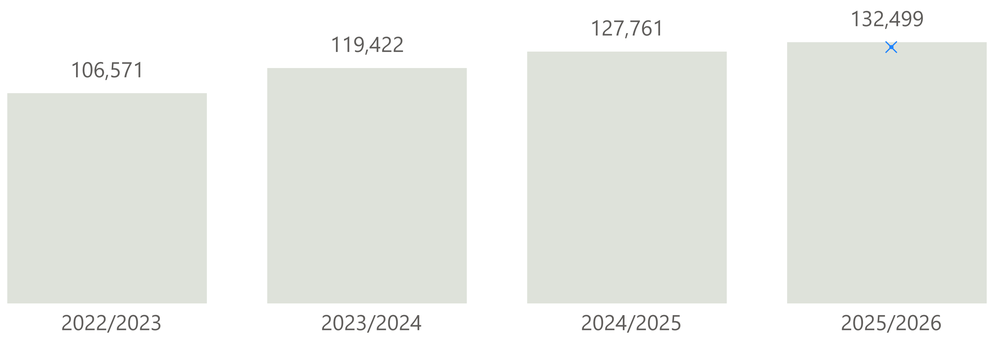
EA 03 - Passport to Leisure member usage for all sites

132,499

Vs Last Year +4,738 ✅

Target: 130,000

Vs Target: +2,499 Performing Well



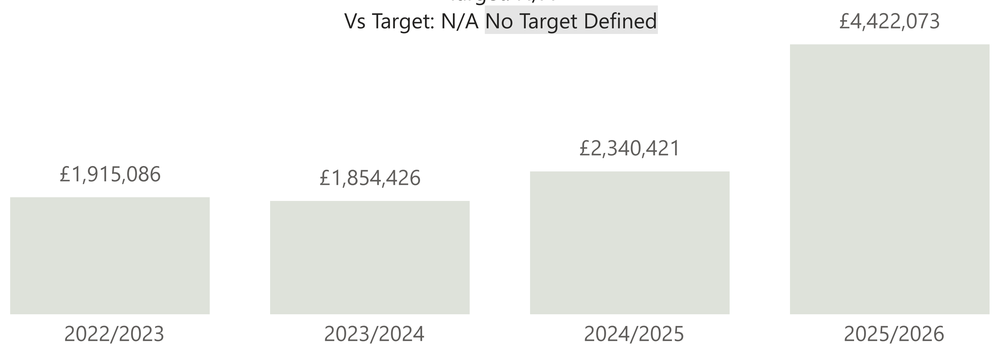
EA 04 - Social value savings to NHs (£)

£4,422,073.00

Vs Last Year +£2,081,652.00 ✅

Target: N/A

Vs Target: N/A No Target Defined



Parks & Open Spaces

Visuals showing data - as at 30 June 2026

PK 01 - % of parks and open spaces that do not meet the minimum internal score (based on 'Green Flag' criteria/all parks and open spaces)

Below minimum standard (%)

63.22%

Vs Last Financial Year: N/A

Target

No Target Defined

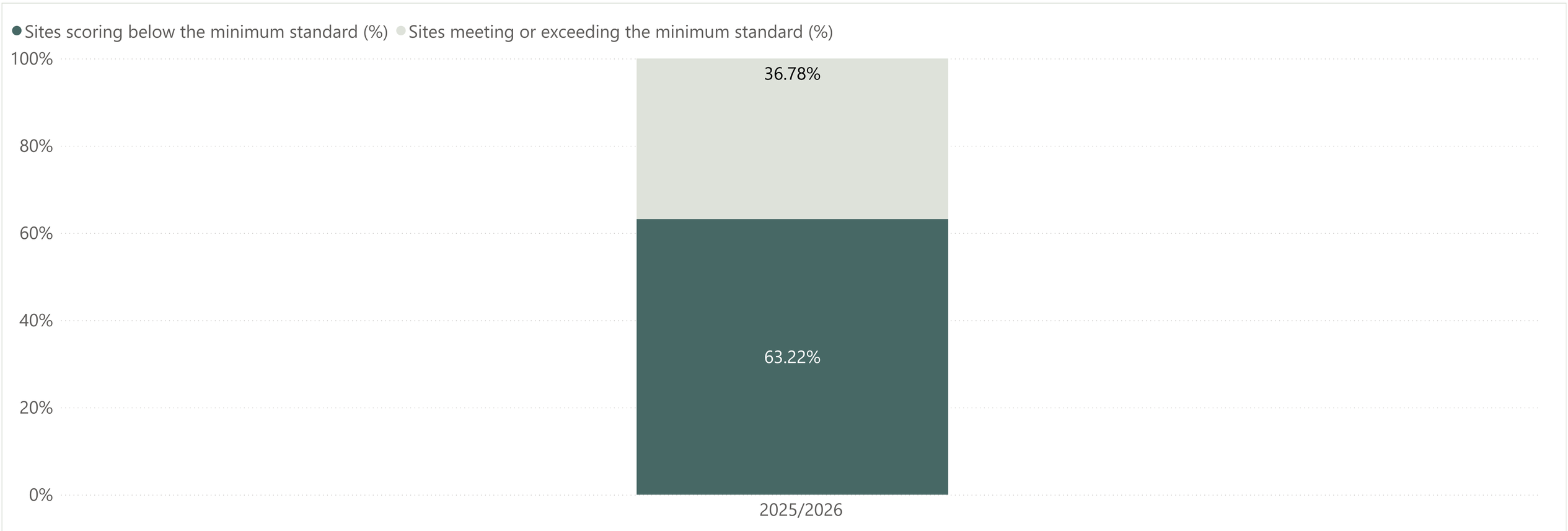
Favourability: Lower is better

Vs Target

N/A

Performance:: No Target Defined

Comments

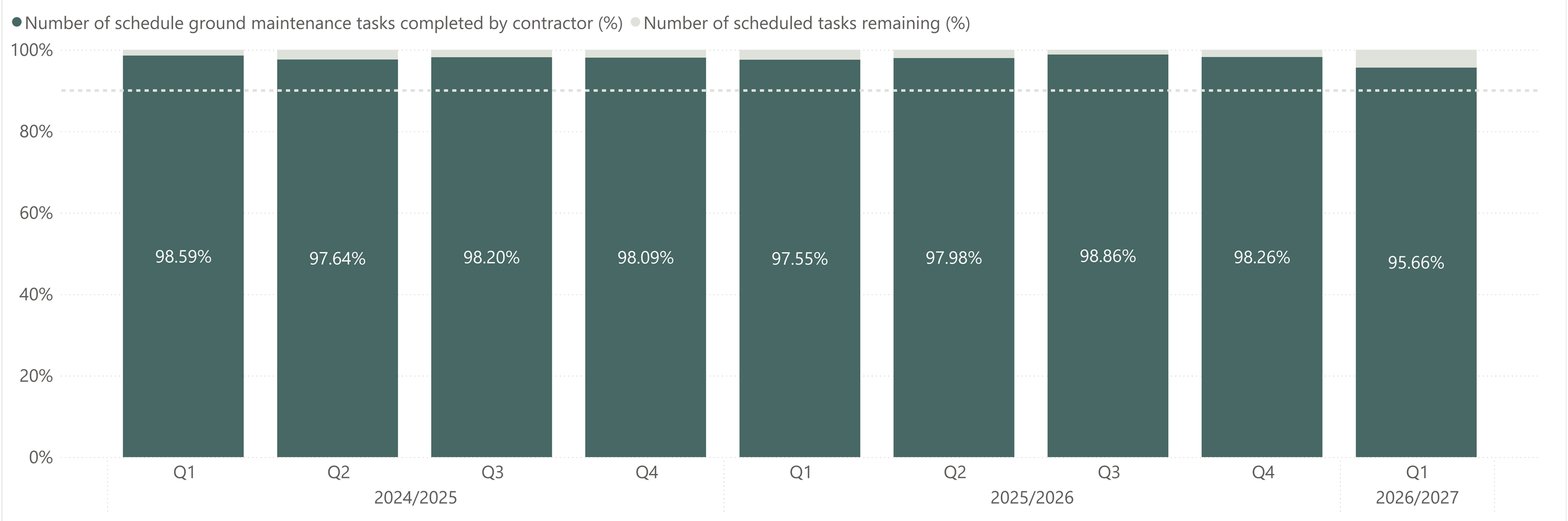


Parks & Open Spaces

Visuals showing data - as at 30 June 2026

PK 02 - Number of scheduled ground maintenance tasks completed by contractor (%)

Tasks completed (%)	Target	Vs Target	Comments
95.66%	90.00%	+5.66%	
Vs Last Financial Year: -1.89% ⚠	Favourability: Higher is better	Performance:: Performing Well	



Select KPI: All

Navigate to Page

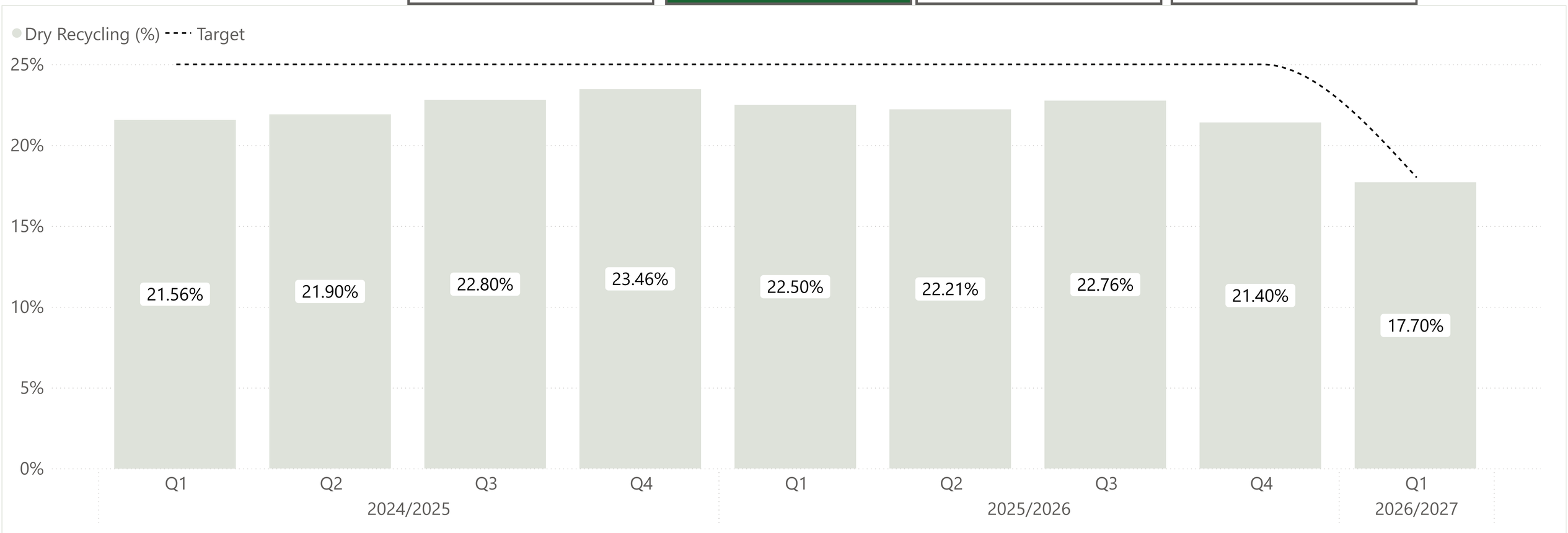
Waste Management

WR 01 - Waste recycled (dry recycling) / overall household waste

Visuals showing Financial Year to Date (FYTD) values - as at 30 June 2026

Dry Recycling (%)	Target	Vs Target	Comments
17.70%	18.00%	-0.30%	Figures changed due to bring bank information for June made available, figure cdhanged from 17.50 % due to...
Vs Last Financial Year: -4.80% !	Favourability: Higher is better	Performance:: Area for Improvement	

Composting | Dry Recycling | Combined Recycling | Incineration



Select KPI: All

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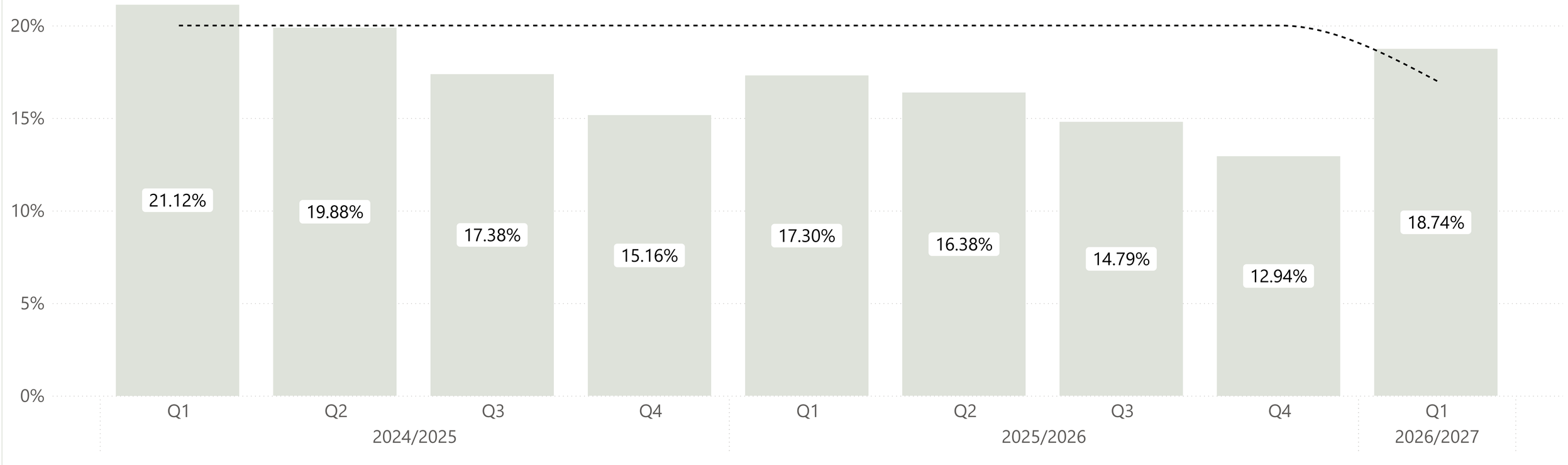
Waste Management

WR 02 - Waste recycled (composting) / overall household waste

Visuals showing Financial Year to Date (FYTD) values - as at 30 June 2026

Composting (%)	Target	Vs Target	Comments
18.74%	17.00%	+1.74%	Figures changed due to bring bank information for June made available, , figure change from 18.53% as per above
Vs Last Financial Year: +1.44% ✅	Favourability: Higher is better	Performance:: Performing Well	

Composting | Dry Recycling | Combined Recycling | Incineration



Select KPI: All

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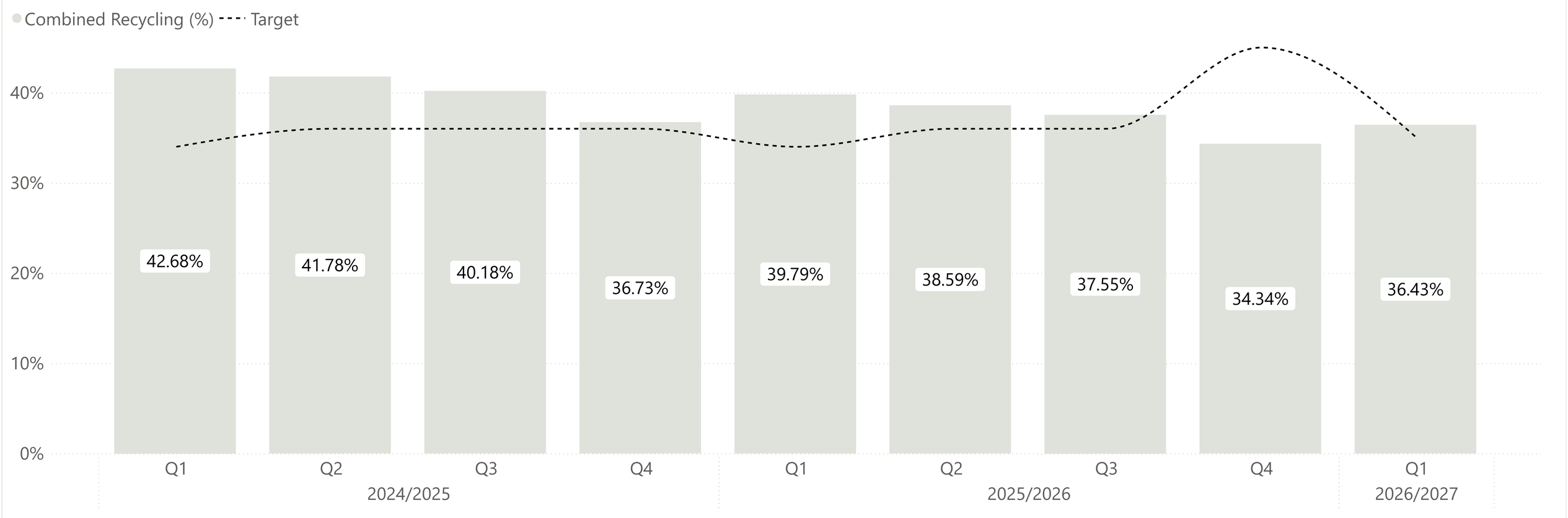
Waste Management

WR 03 - Combined recycling (dry & composting) / overall waste

Visuals showing Financial Year to Date (FYTD) values - as at 30 June 2026

Combined Recycling (%)	Target	Vs Target	Comments
36.43%	35.00%	+1.43%	Figures changed due to bring bank information for June made available, figure changed from 36.03% as per above
Vs Last Financial Year: -3.36% !	Favourability: Higher is better	Performance:: Performing Well	

Composting | Dry Recycling | Combined Recycling | Incineration



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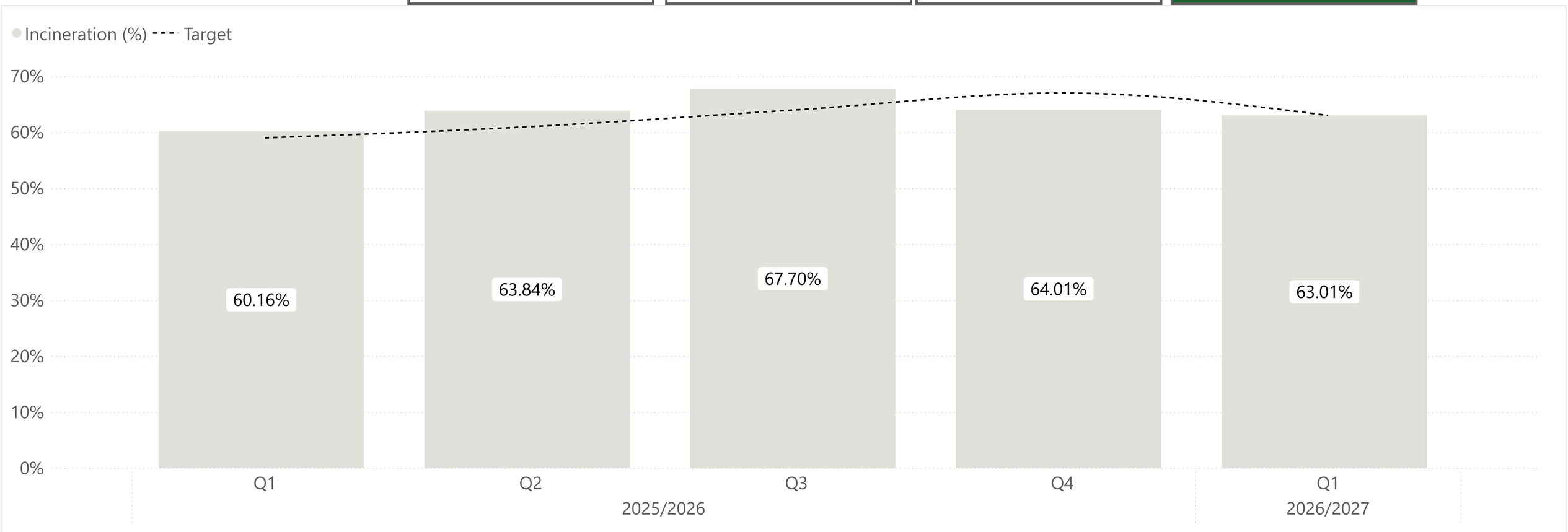
Waste Management

WS 01 - Waste for incineration / overall waste (%)

Visuals showing Financial Year to Date (FYTD) values - as at 30 June 2026

Incineration (%)	Target	Vs Target	Comments
63.01%	63.00%	+0.01%	Figures changed due to bring bank information for June made available, amended frp, 63.42
Vs Last Financial Year: +2.85% ✅	Favourability: Higher is better	Performance:: Performing Well	

Composting | Dry Recycling | Combined Recycling | **Incineration**



Select KPI: All

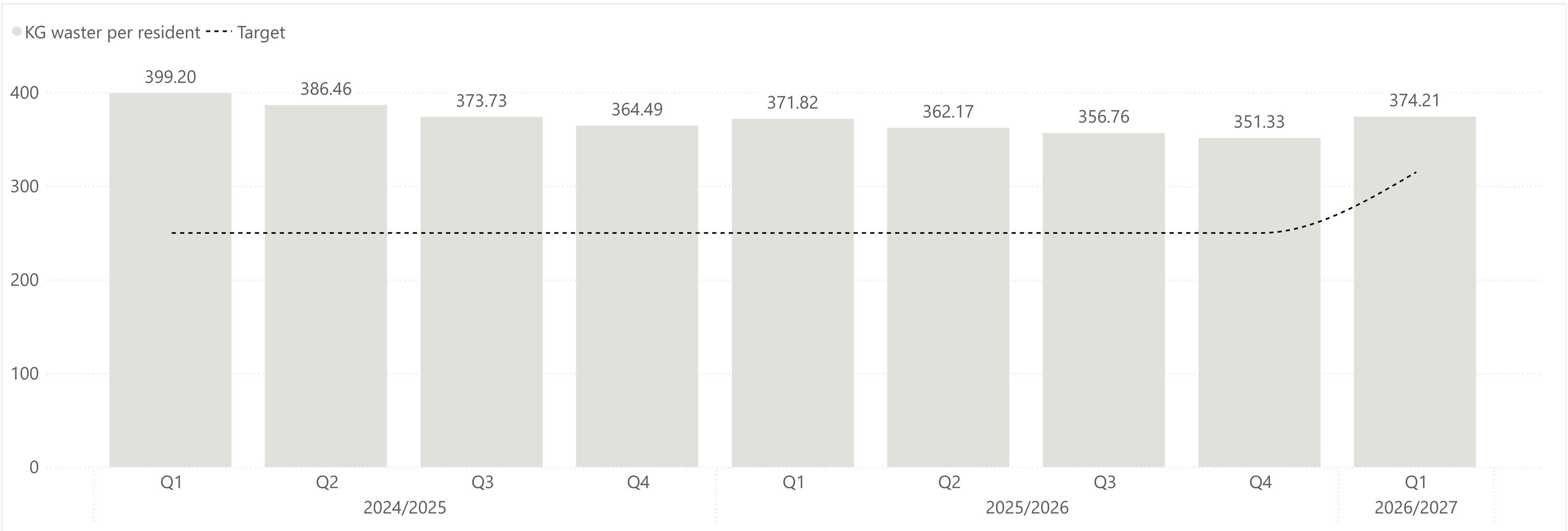
Navigate to Page

Waste Management

WS 02 - KG waste per resident (all) (overall waste / residents)

Visuals showing Financial Year to Date (FYTD) values - as at 30 June 2026

KG waste per resident	Target (KG)	Vs Target	Comments
374.21	315.00	+59.21	
Vs Last Financial Year: +2.39 ⚠	Favourability: Lower is better	Performance:: Area for Improvement	

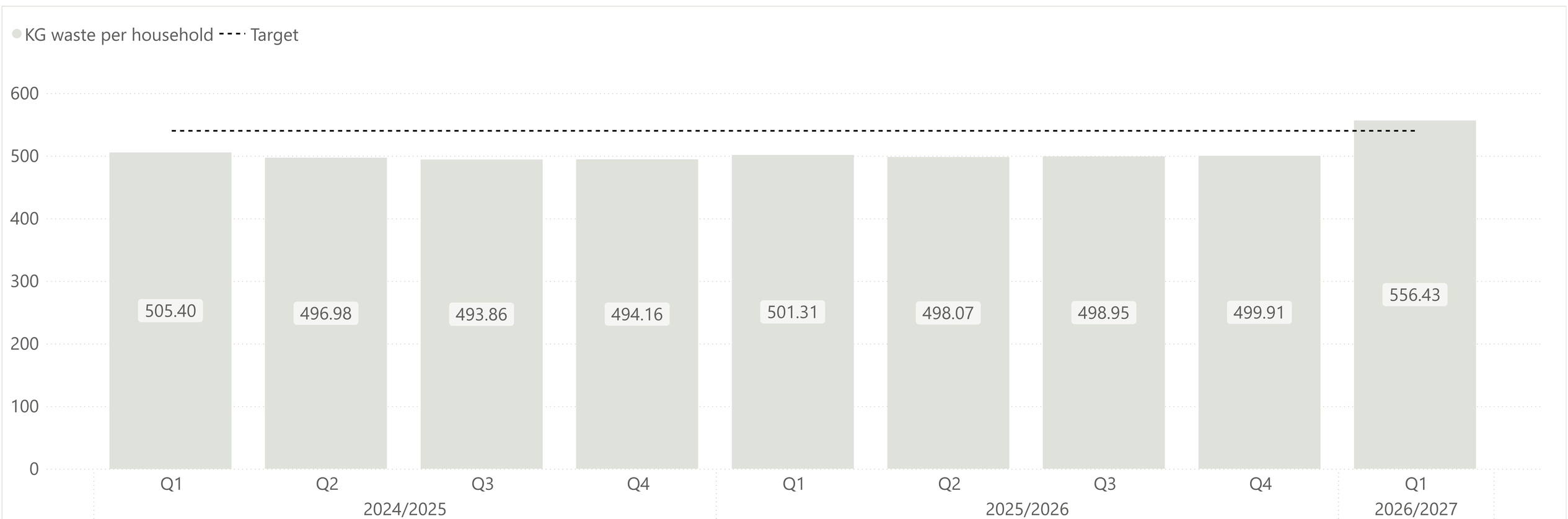


Waste Management

WS 03 - KG waste per household (overall disposal waste/ households).

Visuals showing Financial Year to Date (FYTD) values - as at 30 June 2026

KG waste per household	Target (KG)	Vs Target	Comments
556.43	540.00	+16.43	
Vs Last Financial Year: +55.12 !	Favourability: Lower is better	Performance:: Area for Improvement	



Appendix C

NBBC Strategic Risk Register Summary

Full Register Summary

The total number of 'live' risks is 25.

As at the end of June 2026, the breakdown according to "net" risk is:

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

Consequently, 23 of 25 (92%) risks are deemed "satisfactorily managed" – meaning that the 'traffic light' reporting position is "Green" (target 80%).

The "net red" risks are:

- **R1 - Potential failure to provide adequate accommodation to meet the needs of the borough with consequent impact on the lives of residents**

- **R4 - Failure to maintain the economic vibrancy of the borough / town centres**

Environment Health and Leisure OSP Risks Summary

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

Nuneaton & Bedworth
United to Achieve

NBBC Strategic Risk Register

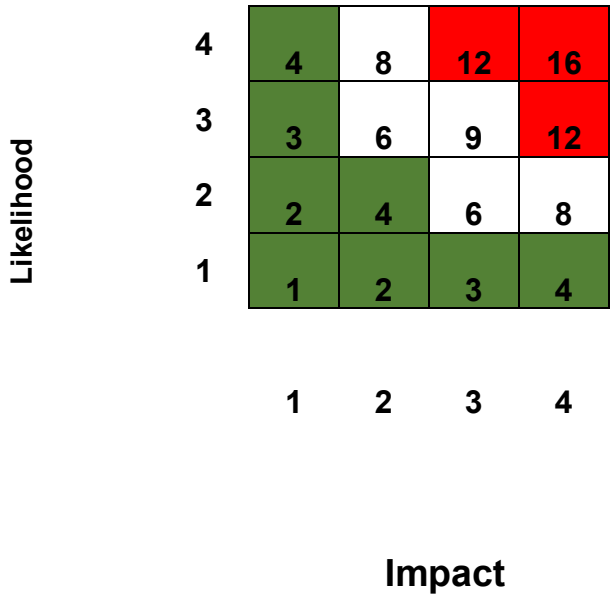
Current Version: 1st July 2026

Environment Health and Leisure OSP Risks

Risk Level Indicator Matrix and Descriptors

Key

	Green 1 – 4 (acceptable)
	Amber 6 – 8 (tolerable)
	Red 12 - 16 (unacceptable)



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
R9	Failure to effectively manage Health, Safety & welfare arrangements to limit the potential for accidents and financial penalties	High / Major **(RED)**	1. Health and Safety Co-ordinators Group (HASCOG).	1: Assistant Director (Environment and Enforcement) / Health and Safety Manager	Significant / Major **(AMBER)**	1. HASCOG minutes.	Strategic Director (C&E) / PH – PE&PS / EH&L OSP
			2. Health & Safety policies & procedures.	2. Health and Safety Manager		2. HASCOG minutes.	
			3. Risk assessments and safe systems of work.	3: Strategic /Assistant Directors		3. HASCOG minutes and review / audit of NSHARE.	
			4. Mandatory Health & Safety training.	4: Health and Safety Manager		4.Training Records	
			5. Designated Corporate Health and Safety Officer.	5: Health and Safety Manager		5.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
			6. Compliance software system (NSHARE).	6: Health and Safety Manager		6. System in place.	
			7. Assurance reporting to Management Team.	7: Assistant Director (Environment and Enforcement) / Health and Safety Manager		7.Management Team reports and minutes.	
			8. Annual statement for Health and Safety assurance.	8: Assistant Director (Environment and Enforcement) / Health and Safety Manager		8. Audit and Standards Committee minutes.	
			9. Internal review of Health and Safety arrangements (August 2025).	9: Assistant Director (Environment and Enforcement) / Health and Safety Manager		9. CET / SLT report / minutes.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			10.Revised Health and Safety policies to be presented to Management Team / Joint Health and Safety Committee (On-going).	10: Health and Safety Manager		10. Individual Cabinet Member decision by portfolio holder.	
			11.Compliance software system in place (NSHARE).	11: Health and Safety Manager		11. I.T. system fully implemented.	
			12.Updates on Health and Safety action plan to Senior Leadership Team (SLT).	12: Health and Safety Manager		12.SLT meeting minutes (standard agenda item).	
			Planned:				
			1. Review of Health and Safety software and establishing a corporate approach (2026/27).	1: Health and Safety Manager		1. Management Team report / minutes.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			2. Realignment of Corporate Health and Safety Team (September 2026).	2: Assistant Director (Environment and Enforcement) / Health and Safety Manager		2. New structure in place.	
			3.Implement the internal review action plan including establishing new Corporate Health and Safety Team (September 2026).	3.Strategic Directors (C&E) / (C&P)		3. Management Team minutes / New team 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
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.	Senior Leadership Team / PH - Cabinet / EH&L OSP
			2. Business Continuity Plans (BCPs).	2: Assistant Directors		2: Plans in place.	
			3. Emergency Plan including regular training.	3: Assistant Director (Recreation and Culture)		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: Health and Safety Manager		4. Risk assessment 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. Pandemic response and recovery: • Incident Management Team • Implement responsibilities linked to Civil Contingencies Act	5: Chief Executive		5. Terms of reference / meeting minutes:	
			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.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			8. Encourage employees to take up vaccination offers.	8: Chief Executive		8. Employee newsletters and bulletins.	
			Planned:				
			1. Update Emergency / Business Continuity Plans (2026/27).	1: Senior Leadership 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
R22	Operation of sub-regional recycling facility in partnership with other authorities and operational costs / realisation of income	High / Major **(RED)**	1. "Arm's length" company (Sherbourne Resources Ltd.) in place with Strategic Director (PS) on the board.	1: Strategic Director (C&E)	Significant / Major **(AMBER)**	1.Memoranda and articles (Company House).	Strategic Director (C&E) / PH – PE&PS / EH&L OSP
			2. Three-year Business Plan in place and subject to regular review.	2: Strategic Director (C&E) / Strategic Director (R)		2.Business Plan in place / Council reports.	
			3.Elected Member Shareholder panel established to oversee project plan.	3: Cabinet member for Public Services		3.Panel reports and minutes.	
			4.Finance and Operational bi-monthly meetings with partners and project team.	4: Strategic Directors (C&E) and (R) / Assistant Director (Environment and Enforcement)		4.Regular meetings and reports to specific working groups with Sherbourne Resources Ltd.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			5. Sherbourne Resources Ltd. running the facility.	5: Strategic Director (C&E)		5.Regular reports to Sherbourne Resources Ltd. Board.	
			6. Quarterly meeting of Sherbourne Resources Ltd. Board.	6; Strategic Director (C&E)		6.Minutes of meetings and regularly updated project risk register.	
			7. Annual audit of accounts independently arranged by partners.	7: Strategic Directors (C&E) and (R)		7.Audit report.	
			8.Monitoring of supply and market issues.	8: Strategic Directors (C&E) and (R)		8.Accounts records. Updates to OSP.	
			9. On-going site visits by officers to monitor operation.	9: Assistant Director (Environment and Enforcement)		9. OSP reports.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			10. Finance / loan repayment in place and approved by Cabinet.	10: Strategic Directors (C&E) and (R)		10: Cabinet meeting minutes.	
			11.Assessment of recycling material from NBBC residents monitoring by Sherbourne Resources Ltd. (ongoing)	11. Assistant Director (Environment and Enforcement) and Neighbourhood Services Manager		11.Monthly reports from Sherbourne Resources Ltd).	
			12. Review of Business Plan and financial modelling by external auditor and board members.	12: Strategic Directors (C&E) and (R)		12. Minutes of meetings and Business plan signed off by shareholder panel.	
			13. Revised Business Plan 2025/28 signed off by shareholder panel.	13: Strategic Director (C&E)		13. Shareholder panel meeting minutes.	
			14.6-monthly reports to NBBC Shareholder Panel.	13: Strategic Director (C&E) / Managing Director (Sherbourne Resources Ltd.)		14. NBBC Shareholder Panel meeting minutes.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			15.Education Officer appointed to meet recycling targets.	15:Neighbourhood Services Manager		15.Officer in place / monitoring of recycling rates.	
			16.Board membership reflects designated roles and non-executive Directors.	16:Strategic Director (C&E)		16.Cabinet minutes (CB 107, March 2026).	
			17. Annual reviews of the recycling facility to OSP.	17: Assistant Director (Environment and Enforcement)		17. OSP /Cabinet report / minutes.	
			Planned:				
			1. Financial review of NBBC partnership to be presented as part of the budget-setting process for 2027/28.	1: Strategic Director (C&E) / Strategic Director (R)		1. Cabinet / Council minutes.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
R25	Noncompliance with regulations relating to: • 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)**		Senior Leadership Team / PH – Cabinet / BRP, EH&L & CCR&H OSPs
			1.Monthly FOI reports to designated service areas.	1: Corporate Support and Data Compliance Manager		1.Reports.	
			2.Dash Customer Service Workflow application used to manage outstanding cases.	2: Strategic Director (R)		2.Dash application.	
			3.Email alerts on receipt of new requests.	3: Strategic Director (R)		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 (R)		7. Officer in place.	
			8. Qualified DPO co-ordinating information in line with the Freedom of Information Act 2000	8: Strategic Director (R)		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 (on-going).	1: Corporate Support and Data Compliance Manager		1.Senior Management Team minutes / training records.	
			General Data Protection Regulations (GDPR)				
			1. Corporate Information Governance Group (CIGG) / Information Management Group.	1: Corporate Support and Data Compliance Manager		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 (R)		2. Contractor agreement and meetings minutes	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			3. Compliance with Public Services Network Code of Connection (PSN Co-Co).	3: Strategic Director (R)		3. Annual PSN Compliance Certification / "Cyber Essentials Scheme" certification.	
			4. Senior Information Risk Owner (SIRO) and Deputy appointed.	4: Strategic Director (R)		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 (Digital & Business Change)		5. Individual Cabinet Member Decision	
			6. Data Protection Officer (DPO) in line with Data Protection regulations.	6: Corporate Support and Data Compliance Manager		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 (Digital and Business Change) / Corporate Support and Data Compliance Manager		7. Audit records (records of processing activity)/notices on council website: Customer services and Nuneaton and Bedworth Borough Council website | Privacy notice | Nuneaton and Bedworth Borough Council.	
			8. Internal Audit undertaken (Option via Central Midlands Audit Partnership).	8: Assistant Director (Democracy and Governance)		8. Reports in place, reports to Audit and Standards Committee (progress updates, update plan and Annual audit opinion) Meetings – Nuneaton and Bedworth Borough Council	

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 - refresh of terms of reference (T of R) for CGG (May 2025 at Corporate Executive Team), and Information Management Group established and in place following T of R approved at SLT (October 2025).	10: Assistant Director (Democracy and Governance) / DPO		10.Meetings minutes (CET, 13/5/26).	
			11. Data Protection information available to employees via NBBC Intranet.	11: DPO		11. NBBC Intranet.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			<u>Planned</u>:				
			1. Data Protection policy to be updated (October 2026).	1: DPO		1. Policy approved.	
			2. Information Asset Register to be established (timescale to be agreed with Information Management Group).	2: DPO / Information asset owners		2. Register in place.	
			3.Data protection and Freedom of Information Act training for Senior Managers (on-going).	3: DPO		3. Senior Management meeting records.	
			4. Data Protection training to be reviewed to ensure that it is up to date and appropriate (on-going).	4: DPO and Training Officer		4. Delta training records.	

NET GREEN RISKS

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

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			4. Annual Capital Fire Safety Work Programme.	4: Strategic Director (C&P) / Assistant Director (Assets and Compliance)		4. Cabinet reports and Capital Projects Meeting Minutes.	
			5. Existing insurance policy documents.	5: Assistant Director (Finance)		5. Policy documents in place.	
			6. Internal audit of fire risk arrangements (completed February 2022).	6: Audit and Governance Manager (CMAP)		6. Internal Audit report.	
			7. Certified fire doors.	7: Strategic Director (C&P) / Assistant Director (Social Housing and Community Safety)		7. Doors / Certification in place.	
			8. Corporate review of Health and Safety arrangements (September 2025).	8: Strategic Director (C&E)		8. Senior Leadership Team report / minutes.	

Risk Ref	Risk Description	Gross Risk	Mitigation Control Existing / Ongoing	Mitigation Owner	Net Risk / Status	Sources of Assurance	Risk Owner / Portfolio (PH) / OSP
			9. Town Hall fire prevention arrangements (including upgrade of door entry system).	9: Strategic Director (C&P) / Assistant Director (Assets and Compliance) / Health and Safety Manager		9.Monitored action plan in place / Updates to Fire Services	
			10. Implement periodic Audit report (CMAP) recommendations.	10: Health and Safety Manager		10.Audit action plan.	
			11. Act on appropriate recommendations arising from public enquiries / legislation changes (on-going).	11: Strategic Director (C&P) / Assistant Director (Assets and Compliance) / Health and Safety Manager		11.Reports / action plans.	
			Planned:				
			1. Review and refresh Business Continuity Plans (2026/27).	1: 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
			2. **Leasehold commercial properties** – review and establish landlord checks for structure / electrical / gas / fire safety and security of empty purchased properties pending redevelopment (2026/27).	2: Strategic Director (C&P) / Assistant Director (Assets and Compliance) / Assistant Director (Economy and Communities			
			3. Review of corporate assets and associated operations (2026/27).	3: Strategic Director (C&P) / Assistant Director (Assets and Compliance)		3.Review findings / updated register / CET report.	

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: Corporate Support and Data Compliance Manager	High / Low **(GREEN)**	1.Policy and procedure in place.	Strategic Director (R) / PH Cabinet / BRP, EH&L & CCR&H OSPs
			2.Designated support and compliance team in place.	2: Corporate Support and Data Compliance Manager		2. Designated manager / team in place.	
			3.Review / Final check of service area escalated responses.	3: Corporate Support and Data Compliance Manager		3.Review records retained.	
			4.Ombudsman monitoring by SLT (Strategic Performance Report).	4: Senior Leadership 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: Corporate Support and Data Compliance Manager		5.FPS meeting minutes.	
			Planned:				
			1. Update complaints policy following regulatory changes (July 2026).	1: Chief Executive / Strategic Director (R)		1.Updated policy in place.	
			2. Quarterly data compliance update report to SLT (August 2026).	2: Corporate Support and Data Compliance Manager		2. SLT meeting minutes.	