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Date: 15th October 2024

If calling please ask for: Democratic Services

Dear Sir/Madam,

A meeting of the **Health and Corporate Resources Overview and Scrutiny Panel** will be held in the Council Chamber, Town Hall, Nuneaton on **Thursday, 24th October 2024 at 6.00 p.m.**

Yours faithfully,

Tom Shardlow

Chief Executive

To: All Members of the Health and Corporate Resources Overview and Scrutiny Panel

Councillors S. Dhillon (Chair), J. Hartshorn (Vice-Chair), J. Bonner, B. Hughes, A. Khangura, M. Kondakor, B. Pandher, T. Venson and K. Wilson and Mrs D. Ross.

AGENDA

PART 1 – PUBLIC BUSINESS

1. ANNOUNCEMENTS AND EVACUATION PROCEDURE

A fire drill is not expected, so if the alarm sounds please evacuate the building quickly and calmly. Exit by the door by which you entered the room or by the fire exits which are clearly indicated by the standard green fire exit signs.

Please use the stairs and do not use the lifts. Once out of the building, please gather outside Lloyds Bank on the opposite side of the road.

If you need any assistance in evacuating the building, please make yourself known to a member of staff.

Please also make sure all your mobile phones are turned off or set to silent.

2. APOLOGIES - To receive apologies for absence from the meeting.

3. MINUTES - To confirm the minutes of the meeting of the Finance and Public Services Overview and Scrutiny Panel held on 27th June 2024, attached (**Page 6**).

4. DECLARATIONS OF INTEREST/PARTY WHIP - To receive declarations of Disclosable Pecuniary and Other interests in accordance with the Members' Code of Conduct and of the Party Whip in accordance with the Overview and Scrutiny Procedure Rules 4E, Paragraph 16(b).

Declaring interests at meetings

If there is any item of business to be discussed at the meeting in which you have a disclosable pecuniary interest or non-pecuniary interest (Other Interests), you must declare the interest appropriately at the start of the meeting or as soon as you become aware that you have an interest.

Arrangements have been made for interests that are declared regularly by members to be appended to the agenda (**Page 11**). Any interest noted in the Schedule at the back of the agenda papers will be deemed to have been declared and will be minuted as such by the Committee Services Officer. As a general rule, there will, therefore, be no need for those Members to declare those interests as set out in the schedule.

There are, however, TWO EXCEPTIONS to the general rule:

1. When the interest amounts to a Disclosable Pecuniary Interest that is engaged in connection with any item on the agenda and the member feels that the interest is such that they must leave the room. Prior to leaving the room, the member must inform the meeting that they are doing so, to ensure that it is recorded in the minutes.
2. Where a dispensation has been granted to vote and/or speak on an item where there is a Disclosable Pecuniary Interest, but it is not referred to in the Schedule (where for example, the dispensation was granted by the Monitoring Officer immediately prior to the meeting). The existence and nature of the dispensation needs to be recorded in the minutes and will, therefore, have to be disclosed at an appropriate time to the meeting.

Note: Following the adoption of the new Code of Conduct, Members are reminded that they should declare the existence and nature of their personal interests at the commencement of the relevant item (or as soon as the interest becomes apparent).

If that interest is a Disclosable Pecuniary or a Deemed Disclosable Pecuniary Interest, the Member must withdraw from the room.

Where a Member has a Disclosable Pecuniary Interest but has received a dispensation from Audit & Standards Committee, that Member may vote and/or speak on the matter (as the case may be) and must disclose the existence of the dispensation and any restrictions placed on it at the time the interest is declared.

Where a Member has a Deemed Disclosable Interest as defined in the Code of Conduct, the Member may address the meeting as a member of the public as set out in the Code.

Note: Council Procedure Rules require Members with Disclosable Pecuniary Interests to withdraw from the meeting unless a dispensation allows them to remain to vote and/or speak on the business giving rise to the interest.

Where a Member has a Deemed Disclosable Interest, the Council's Code of Conduct permits public speaking on the item, after which the Member is required by Council Procedure Rules to withdraw from the meeting.

5. PUBLIC CONSULTATION - Members of the Public will be given the opportunity to speak on specific agenda items if notice has been received.

Members of the public will be given three minutes to speak on a particular item and this is strictly timed. The chair will inform all public speakers that: their comments must be limited to addressing issues raised in the agenda item under consideration: and that any departure from the item will not be tolerated.

The chair may interrupt the speaker if they start discussing other matters which are not related to the item, or the speaker uses threatening or inappropriate language towards Councillors or officers and if after a warning issued by the chair, the speaker persists, they will be asked to stop speaking by the chair. The chair will advise the speaker that, having ignored the warning, the speaker's opportunity to speak to the current or other items on the agenda may not be allowed. In this eventuality, the chair has discretion to exclude the speaker from speaking further on the item under consideration or other items of the agenda.

6. QUESTIONS TO CABINET – In accordance with Overview & Scrutiny Procedure Rule 4.E.8 c) 20 minutes shall be set aside for questions to a member of the Cabinet from the Panel in relation to matters in respect of which the Panel has powers or duties.
7. MANAGING ATTENDANCE OF THE COUNCIL'S WORKFORCE – a report of the People Services Manager, attached **(Page 13)**.
8. INTEGRATED PERFORMANCE REPORT – FIRST QUARTER 2024/25– report of the Risk Management & Performance Officer, attached **(Page 26)**
9. YOUTH COUNCIL – a report of the Elections and Democratic Services Manager, attached **(Page 90)**.
10. FORWARD PLAN – attached for information **(Page 92)**.

11. FEEDBACK FROM CABINET ON RECOMMENDATION FROM OSP
The panel at its meeting on 27th June 2024 requested that Cabinet review the St Benedict's House report. This was discussed at Cabinet on 17th July 2024 and below is the minute:

CB25 Recommendations From Overview and Scrutiny Panels

SPEAKER: Councillor J. Collett

b) Health and Corporate Resources OSP

At its meeting on Thursday 27th June, 2024 the St Benedicts House – 196/198 Church Road, Nuneaton report was considered and a recommendation from the panel put forward as follows:

HCR 6 - St Benedict's House – 196/198 Church Road, Nuneaton

RESOLVED that

- a) the contents of the report be considered and noted; and
- b) *IT BE RECOMMENDED TO CABINET* that Cabinet review this report.

*The Cabinet thanked the Health and Corporate Resources OSP for their recommendation and **RESOLVED** that the Portfolio Holder for Corporate Resources and Customer Services further review in depth the details in the report and feedback to the Health and Corporate Resources OSP.*

12. WORK PROGRAMME SUGGESTION FORM – EMERGENCY PLANNING - to consider the attached (**Page 102**) submitted work programme suggestion form for inclusion in the OSP work programme.
13. WORK PROGRAMME SUGGESTION FORM – BLUE MENTAL HEALTH SUPPORT EDUCATION - to consider the attached (**Page 104**) submitted work programme suggestion form for inclusion in the OSP work programme
14. WORK PROGRAMME 2024/25 – for noting, attached (**Page 115**).
15. ANY OTHER ITEMS which in the opinion of the Chair of the meeting should be considered as a matter of urgency because of special circumstances (which must be specified).

THIS PAGE IS FOR INFORMATION ONLY

Nuneaton and Bedworth Borough Council

Building A Better Borough

Nuneaton and Bedworth 2032: working in partnership, restoring pride in our borough

AIM 1: LIVE

We want to make our borough a place where our residents enjoy living and in which others choose to make their home.

Priority 1: Promote residents' health and wellbeing

Priority 2: Enable appropriate housing development

Priority 3: Sponsor a sustainable green approach

Priority 4: Prioritise community safety and empowerment

AIM 2: WORK

Using our prime location within the national road and rail networks and responding to the needs of private companies, we want to make our borough a place in which businesses choose to locate and where our residents enjoy a range of employment options.

Priority 1: Grow a strong and inclusive economy

Priority 2: Champion education and skills

Priority 3: Embrace new and emerging technology

Priority 4: Support local businesses

AIM 3: VISIT

Taking advantage of our open green spaces, our heritage, and our location within the West Midlands, we want our borough to be a vibrant destination for residents and visitors alike. A place where people and families want to spend time relaxing, socialising and taking part in leisure and cultural activities.

Priority 1: Create vibrant and diverse town centres

Priority 2: Stimulate regeneration

Priority 3: Celebrate and promote our heritage

Priority 4: Improve the physical environment

NUNEATON AND BEDWORTH BOROUGH COUNCIL

**HEALTH AND CORPORATE RESOURCES
OVERVIEW & SCRUTINY PANEL**

27th June 2024

A meeting of the Health and Corporate Resources Overview & Scrutiny Panel was held on Thursday, 27th June 2024 in the Council Chamber, Town Hall Nuneaton.

Present

Councillor S. Dhillon (Chair)

Councillors: J. Hartshorn (Vice-Chair), B. Hughes, M. Kondakor, B. Pandher, T. Venson, E. Amaechi (substituting for Councillor J. Bonner), J. Gutteridge (substituting for Councillor K. Wilson), S. Markham (substituting for Councillor A. Khangura) and Mrs D. Ross.

Apologies: Councillors J. Bonner, A. Khangura and K. Wilson.

PART I – PUBLIC BUSINESS

HCR 1 **Minutes**

RESOLVED that the minutes of the Finance and Public Services Overview and Scrutiny Panel meeting held on 14th March 2024 be approved and duly signed by the Chairman.

HCR 2 **Declarations of Interest**

As Councillors E. Amaechi, J. Gutteridge and S. Markham were substitute Councillors for this meeting, their Declarations of Interest were not detailed in the Schedule attached to the agenda.

Councillor S. Dhillon declared that she is employed by the NHS, and also works with partners mentioned in agenda item BRP 4.

RESOLVED that the Declarations of Interest are as set out in the Schedule attached to these minutes, with the addition of the Declarations of Interest for Councillors E. Amaechi, J. Gutteridge and S. Markham, and the declaration from Councillor S. Dhillon relating to the NHS and partners.

HCR 3 **Questions to Cabinet**

The Portfolio Holder for Leisure, Communities and Health (Councillor T. Jenkins), the Portfolio Holder for Resources and Customer Service (Councillor S. Hey) and the Portfolio Holder for Housing (Councillor C. Watkins) were in attendance at the meeting. No questions were asked by the Panel.

HCR 4 **Warwickshire Health and Wellbeing Board Strategy Overview**

The Public Health Service Manager and Programme Manager gave a presentation which updated the Panel on the strategy priorities, progress and plans for 2024/25.

Public Speaker: Mr P. Smith

Following the presentation, the Panel discussed and asked questions on the following:

- Free School meals – a School in the north of the County is participating. This will hopefully be rolled out and information shared in the next few months.
- Smoke free generation grant – including issues around vaping, interventions and how it is being tackled.
- Referral framework – streamlining the process to speed things up, and trying to prevent people from needing services in the first place.
- Suicide prevention – what is in place (prevention strategy), funding, campaigns and the introduction of a Surveillance Officer to try and take action quickly where possible.
- Housing (damp and mould) – one of the five priorities that NBBC agreed to. Work is ongoing in this area and health concerns around this are recognised. Having a data led approach in terms of funding, to see where funding is required and needed to be prioritised.
- Warwickshire North Programme – how it is marketed and the public know about it. They work closely with voluntary organisations such as WCAVA and utilise Healthwatch, public engagement is encouraged and the advertising and signposting of services is carried out in a number of ways.
- Suicide prevention – a service is available to Council frontline staff, it was recommended this be available to all staff. It was agreed this is something that can be considered and will be looked into.
- The impact of damp and mould on health (including asthma) was recognised, and is an area that can be explored further.
- Smoke free zones (particularly around hospital entrances) – smoke free policies are being looked into, and there are increasing numbers of areas considered ‘smoke free’ – but it was agreed this is an issue.

RESOLVED that the presentation and information provided be noted.

HCR 5 Integrated Performance Report – Fourth Quarter 2024-24

A report of the Risk Management and Performance Officer provided Panel Members with appropriate performance measures, budget information and risk data for service areas within the scope of the Panel. 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.

Public Speaker: Mr P. Smith

The Panel discussed and asked questions on the following:

- It was noted that some financial information was missing from the report – a letter to explain the situation will be sent to all Panel members.
- Household waste collected – it was felt targets are quite low, and it is hoped that co-mingling will improve things.
- Long term sickness – it may be useful to have more data, although it was recognised in most cases nothing can be done.
- Cybercrime – concerns and issues around this.
- Complaints (including crematoria and cemetery) – a possible need to look at the training programme for Customer Services.

- Complaints and FoI deadlines – it was noted some are quite complex and can take a lot of Office time.

RESOLVED that the contents of the report be considered and noted.

HCR 6 **St Benedict's House – 196/198 Church Road, Nuneaton**

A report of the Assistant Director – Social Housing and Community Safety, provided the Panel with the financial information and final outturn figures for the Housing Revenue and Account property, St Benedict's House, 196/198 Church Road, Nuneaton.

The Panel discussed and asked questions on the following:

- The purchase price and different prices recorded in previous reports was queried. Some prices given may have included stamp duty but will need confirming.
- The costs of remodelling were more than the preliminary estimates. It was noted that prices increased due to Covid, inflation and contractor price increases.
- Reducing costs and payback times (e.g. the heat pump) were discussed and how the changes will impact on running costs and payback times. This information will be confirmed via email to Panel Members.
- Pre-planning advice was taken – Officers worked with Planning in relation to the redesign. Capacity issues have caused some problems.
- Contingencies were built in – Officer had to deal with unprecedented challenges in terms of cost increases. This will be looked at in relation to future projects.

RESOLVED that

- a) the contents of the report be considered and noted; and
- b) IT BE RECOMMENDED TO CABINET that Cabinet review this report.

HCR 7 **Forward Plan**

The Forward Plan showing the key decisions that will be made in the four months commencing 1st July 2024, was provided to the Panel for information.

RESOLVED that the Forward Plan be noted.

HCR 8 **Work Programme 2024-2025**

The Panel were presented with the Work Programme for the municipal year 2024-2025.

Panel Members were reminded by the Chair that they can submit Work Programme Suggestion forms for items they may wish to add to the work programme.

RESOLVED that the 2024-2025 work programme be approved.

Chair

Health and Corporate Resources – Schedule of Declarations of Interests – 2024/2025

| | Name of Councillor | Disclosable Pecuniary Interest | Other Personal Interest | Dispensation |
|--|--|--|--|--|
| | General dispensations granted to all members under s.33 of the Localism Act 2011 | | | Granted to all members of the Council in the areas of: <ul style="list-style-type: none"> - Housing matters - Statutory sick pay under Part XI of the Social Security Contributions and Benefits Act 1992 - An allowance, payment given to members - An indemnity given to members - Any ceremonial honour given to members - Setting council tax or a precept under the Local Government Finance Act 1992 - Planning and Licensing matters - Allotments - Local Enterprise Partnership |
| | J. Bonner | Employed by Etone College (Matrix Academy Trust) - Teacher | The Labour Party (sponsorship) Member of: - The Labour Party - National Education Union | |
| | S. Dhillon | Employed by UHCW NHS Trust | Member (Rep) at Unison – UHCW Trust | |
| | J. Hartshorn | Employed by Asda Nuneaton | Member of Nuneaton Conservatives | |
| | B. Hughes | Full Time Carer | | |
| | A. Khangura | Self-Employed | | |
| | M. Kondakor | | - Member of the Green Party - Member of Nuneaton Harriers AC - Chair – Bedworth Symphony Orchestra | |
| | B. Pandher | | - Member of Warwickshire County Council. - Member of the Conservative Party - President & Trustee of Nanaksar Gurdwara Gursikh Temple Coventry; - Coordinator of Council of Sikh Temples in Coventry; - Secretary of Coventry Indian Community; - Trustee of Sikh Monument Trust - Vice Chair Exhall Multicultural Group | |

| | Name of Councillor | Disclosable Pecuniary Interest | Other Personal Interest | Dispensation |
|--|---------------------------|--|---|---------------------|
| | T. Venson | Employed by Freightliner Heavy Haul | ASIEF Trade Union The Labour Party | |
| | K.D. Wilson | Delivery Manager, Nuneaton and Warwick County Courts & West Midlands and Warwickshire Bailiffs, HMCTS, Warwickshire Justice Centre, Nuneaton | <p>-Deputy Chairman – Nuneaton Conservative Association</p> <p>- Nuneaton Conservative association (sponsorship)</p> <p>-Board Member of the Conservative Association.</p> <p>-Corporate Tenancies: properties are leased by NBBC to Nuneaton and Bedworth Community Enterprises Ltd, of which I am a Council appointed Director.</p> <p>Representative on the following Outside Bodies:</p> <p>-LGA People & Places Board (Member)</p> <p>-Director of Nuneaton and Bedworth Community Enterprises Ltd (NABCEL)</p> <p>-Director of Grayson Place (NBBC) Ltd</p> | |

Health and Corporate Resources – Schedule of Declarations of Interests – 2024/2025

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| | J. Bonner | Employed by Etone College (Matrix Academy Trust) - Teacher | The Labour Party (sponsorship) Member of: <ul style="list-style-type: none"> - The Labour Party - National Education Union | |
| | S. Dhillon | Employed by UHCW NHS Trust | Member (Rep) at Unison – UHCW Trust Representative on the following Outside Bodies: <ul style="list-style-type: none"> • Warwickshire Adult Social Care and Health Overview and Scrutiny Committee • Camp Hill Urban Village: Pride in Camp Hill Board • Committee of Management of Hartshill and Nuneaton Recreation Ground • George Eliot Hospital NHS Trust – Public/User Board • West Midlands Combined Authority Wellbeing Board | |
| | J. Hartshorn | Employed by Asda Nuneaton | Member of Nuneaton Conservatives | |
| | B. Hughes | Full Time Carer | Member of the Labour Party. Member of the National Trust. Member of the Caravan and Motorhome Club Member of CAMRA Representative on the following Outside Bodies: <ul style="list-style-type: none"> - George Elliot Hospital NHS Foundation Trust Governors | |

| | Name of Councillor | Disclosable Pecuniary Interest | Other Personal Interest | Dispensation |
|--|--------------------|--|--|--------------|
| | A. Khangura | Self-Employed | | |
| | M. Kondakor | | <ul style="list-style-type: none"> - Member of the Green Party - Member of Nuneaton Harriers AC - Chair – Bedworth Symphony Orchestra | |
| | B. Pandher | | <ul style="list-style-type: none"> - Member of Warwickshire County Council. - Member of the Conservative Party - President & Trustee of Nanaksar Gurdwara Gursikh Temple Coventry; - Coordinator of Council of Sikh Temples in Coventry; - Secretary of Coventry Indian Community; - Trustee of Sikh Monument Trust - Vice Chair Exhall Multicultural Group | |
| | T. Venson | Employed by Freightliner Heavy Haul | <p>ASIEF Trade Union The Labour Party</p> <p>Representative on the following Outside Bodies:</p> <ul style="list-style-type: none"> - Building Control Partnership Steering Group - Warwickshire Joint Overview and Scrutiny Committee | |
| | K.D. Wilson | Delivery Manager, Nuneaton and Warwick County Courts & West Midlands and Warwickshire Bailiffs, HMCTS, Warwickshire Justice Centre, Nuneaton | <ul style="list-style-type: none"> - Deputy Chairman – Nuneaton Conservative Association - Nuneaton Conservative association (sponsorship) - Board Member of the Conservative Councillors' Association. - Corporate Tenancies: properties are leased by NBBC to Nuneaton and Bedworth Community Enterprises Ltd, of which I am a Council appointed Director. <p>Representative on the following Outside Bodies:</p> <ul style="list-style-type: none"> - LGA People & Places Board (Member) - Director of Nuneaton and Bedworth Community Enterprises Ltd (NABCEL) - Director of Grayson Place (NBBC) Ltd | |

NUNEATON AND BEDWORTH BOROUGH COUNCIL

Report to: Health and Corporate Resources Overview and Scrutiny Panel

Date: 24 October 2024

From: Ruth Bartlett, People Services Manager

Subject: Managing Attendance of the Council's Workforce

Portfolio: Finance and Corporate [Cllr S. Hey]

1. Purpose of Report

- 1.1 To report the 2023/24 end of year performance for Sickness Absence
- 1.2 To scrutinise the work activity and trends relating to the Attendance Management of the Council's Workforce
- 1.3 To consider the additional initiatives that have been used in an effort to improve attendance

2. Recommendation

- 2.1 That Members note the information contained within the Appendices and provide feedback and comment for consideration by the Cabinet Member – Finance and Corporate.

3. What is the Panel being asked to consider?

- 3.1 The Panel is asked to consider:
 - Sickness Absence statistical and trend data
 - Initiatives already utilised by the Council

4. Who can the Panel Influence?

- 4.1 The outcomes of the Panel's debate will be provided to the Cabinet Member – Finance and Corporate when considering any future work surrounding the Management of Attendance.

5. What information will be presented?

5.1 2023/24 Sickness Performance by Directorates (Appendix A)

5.1.1 Attached at Appendix A is the 2023/24 sickness absence performance of the Council by each service directorate. The outturn for 2023/24 was 11.77 days per FTE employee with a range of 6.39 days for Chief Executives up to 14.44 days for Housing and Community Safety.

5.2 Sickness Absence Statistics since 2016/17

5.2.1 Attached at Appendix B is the sickness absence statistics of the Council's workforce since 2016/17.

5.2.2 The Council has reviewed its Attendance Management Policy in 2016 with more emphasis on proactive management of long term absence and the setting of target return to work dates. This coincided with the introduction of agile working which may also have had an impact on absence levels.

5.2.3 To compliment the change in policy and in attempt to focus efforts, a different approach to our sickness target was taken for 2017/18. The overall target was 9 FTE days, with a split of 2.5 days for short term and 6.5 days for long term. This approach led to the council meeting it's overall target for the first time since 2013/14.

5.2.4 The target for 2020/21 was 8.75 FTE days with a split of 3.5 days to short term and 5.25 days to long term. Although the Council has achieved it's overall target, days lost to long term absence was slightly higher than the target at 5.36 FTE days.

5.2.5 The target for 2021/22 was again set at 8.75 FTE days with a split of 3.5 days to short term and 5.25 days to long term. The Council did not meet its target overall, or for short term and long term days lost.

5.2.6 It should also be noted that the figures for 2020/21 and the majority of 2021/22 do not take account of time lost due to requirements to self-isolate or shield in relation to Coronavirus, i.e. where employees have not been able to work from home.

5.2.7 However, where employees were too ill to work due to the effects of Covid, this is reported as sickness absence. In 2020/21, 251.17 FTE days were lost due to actual sickness for Covid and 803.02 FTE days were lost for the same reason for 2021/22. If this absence were to be excluded the total days lost would be 11.12 per FTE for 2021/22.

5.2.8 The target for 2022/23 remained unchanged, i.e. 8.75 FTE days with a split of 3.5 days to short term and 5.25 days to long term. Although the target was not met, there was a notable decrease in days lost to long term absence compared to the year before.

5.2.9 The target for 2022/23 remained unchanged, i.e. 8.75 FTE days with a split of 3.5 days to short term and 5.25 days to long term.

5.3 Top Reasons for Sickness Absence (Appendix C)

5.3.1 Attached at Appendix C is details of the top reasons for Sickness Absence since 2017.

5.3.2 For 2017/18, our data largely followed national trends, with an increase in reported cases of cough/cold and flu, particularly during the period December to February where there was a significant increase in short term absence for this reason.

5.3.3 However, for 2018/19 the cases of cough/cold and flu dropped and was no longer one of the top reasons for absence and is therefore not shown on the chart. Musculoskeletal and Stress related absence remained the two main absence drivers and are also the main reasons for long term absence.

5.3.4 For 2019/20, cough/cold and flu was again one of the top reasons for absence with a noticeable increase in days lost for the period November to March. Although seasonally this is to be expected, the number of days lost for this period in 2019/20 was just over 249 compared to 194 days lost for the same period for 2018/19. The average length of such absences for the period November to March also increased from 2.92 days over 58 spells in 2018/19 to 3.61 days over 72 spells for 2019/20. This trend may be an indicator of early undiagnosed cases of Coronavirus.

5.3.5 For 2020/21 absence due to mental health reasons continued to be our top absence driver. This absence group includes stress (both work and non-work related), anxiety and depression. In general, absence due to other reasons reduced which could be a benefit of more agile working.

5.3.6 For 2021/22, absence lost due to Coronavirus is amongst one of the top reasons for absence. This does not include periods taken for self-isolation where individuals are either working from home and/or would otherwise be well enough to work.

5.3.7 For 2022/23, Mental Health related illnesses were the top absence driver followed by Musculoskeletal.

5.3.8 For 2023/24, Mental Health related illness and Musculo-skeletal remained the top absence drivers by days lost, followed by Surgery. However, of these three absence drivers, Musculo-skeletal absences accounted for the most occasions with an average of 13.38 FTE days lost over 44 occurrences. In comparison, Mental Health related absences accounted for 34 occurrences with an average time lost of 35.27 FTE days. To note, overall, the top absence driver by occasions was cold/flu symptoms with an average of 3.59 FTE days lost over 89 occasions.

Note: there was a change in system for absence administration and some data that has been transferred gives a generic absence reason. Therefore, some figures for absence reasons may appear lower than previous years

5.4 Trend Data (Appendix D)

Appendix D details the absence trends for 2023/24 in more detail:

- Chart 1 – shows working days lost due to absence reason by month. Data is relatively consistent across all months. However, there does appear to be a spike in Musculoskeletal and Mental health related absences from late summer into early winter.
- Chart 2 shows average length of absence by reason for 2023/24. Those absent due to mental health issues which was the main absence driver for 2023/24 were off work for an average of just over 35 days over 35 separate spells.
- Charts 3 shows absence reason by occasions, with absences lost to cold/flu like symptoms by far the most frequent short term absence driver.
- Chart 4 shows the top absence drivers by gender. For information, the overall council workforce is approximately 60/40 female to male. Data suggests that male employees are affected disproportionately by both mental health and Musculo-skeletal absences.

5.5 Sickness Benchmarking Data (Appendix E)

Appendix E shows a comparison of the Council's sickness absence outturn for 2023/24 against other local authorities in the area.

Statistically, there is a tendency for higher levels of absence in manual occupations, such as refuse and trades, particularly with regards to musculoskeletal. Therefore, not all of those listed deliver their refuse and/or housing maintenance services in-house.

You will see from the comparison data that top 3 reasons for absence appear to be consistent across the data set.

5.6 Details of Initiatives already used to Reduce Sickness Absence (Appendix F)

Attached at Appendix F is a list of initiatives already used to help reduce sickness absence across the Council.

APPENDICES

Appendix A – 2023/24 Sickness Performance by Directorates

Appendix B - Sickness absence statistics of the Council Workforce since 2016/17

Appendix C - Top reasons for Sickness Absence since 2017

Appendix D- Sickness Trend data

Appendix E – Sickness benchmarking Data

Appendix F - Details of initiatives already used to reduce sickness absence

2023/24 SICKNESS PERFORMANCE BY DIRECTORATES

| Service Unit | Year end FTE | Total S/T days lost per FTE | Total L/T Days lost per FTE | Total Days Lost per FTE |
|-------------------------------------|---------------------|------------------------------------|------------------------------------|--------------------------------|
| Chief Executive | 9.81 | 1.09 | 5.30 | 6.39 |
| Finance and Governance | 63.76 | 3.45 | 4.09 | 7.54 |
| Economy and Transformation | 76.06 | 3.44 | 4.82 | 8.26 |
| Housing and Community Safety | 187.99 | 6.13 | 8.32 | 14.44 |
| Public Services | 155 | 4.90 | 7.75 | 12.66 |
| Total | 492.62 | 4.83 | 6.93 | 11.77 |

FTE = Full Time Equivalent

S/T = Short Term

L/T = Long Term

Directorate names and division as at 31 March 2024

SICKNESS ABSENCE STATISTICS OF THE COUNCILS WORKFORCE SINCE 2016/17

| YEAR | TARGET | NUMBER OF FTE DAYS LOST |
|-------------|-----------------------------|--------------------------------|
| 2016/17 | 8.00 | 12.27 |
| 2017/18 | 9.00 (2.5 S/T and 6.5 L/T) | 8.74 (4.02 S/T and 4.72 L/T) |
| 2018/19 | 8.75 (4 S/T and 4.75 L/T) | 9.88 (3.73 S/T and 6.14 L/T) |
| 2019/20 | 8.75 (3.5 S/T and 5.25 L/T) | 9.50 (3.82 S/T and 5.68 L/T) |
| 2020/21 | 8.75 (3.5 S/T and 5.25 L/T) | 8.12 (2.77 S/T and 5.36 L/T) |
| 2021/22 | 8.75 (3.5 S/T and 5.25 L/T) | 12.74 (5.13 S/T and 7.61 L/T) |
| 2022/23 | 8.75 (3.5 S/T and 5.25 L/T) | 10.66 (4.80 S/T and 5.85 L/T) |
| 2023/24 | 8.75 (3.5 S/T and 5.25 L/T) | 11.77 (4.83 S/T and 6.93 L/T) |

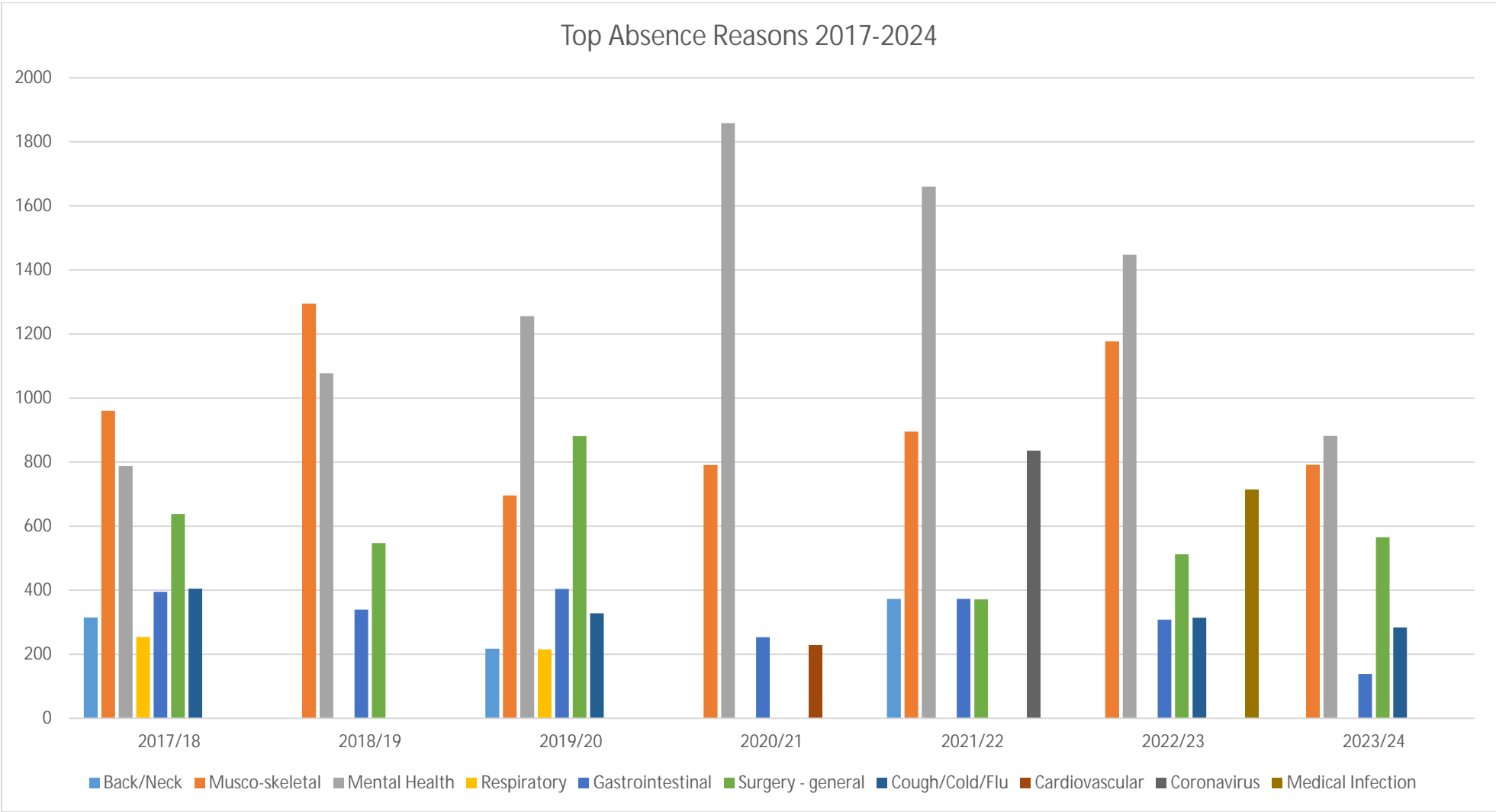


Chart 1 – Absence reason by month

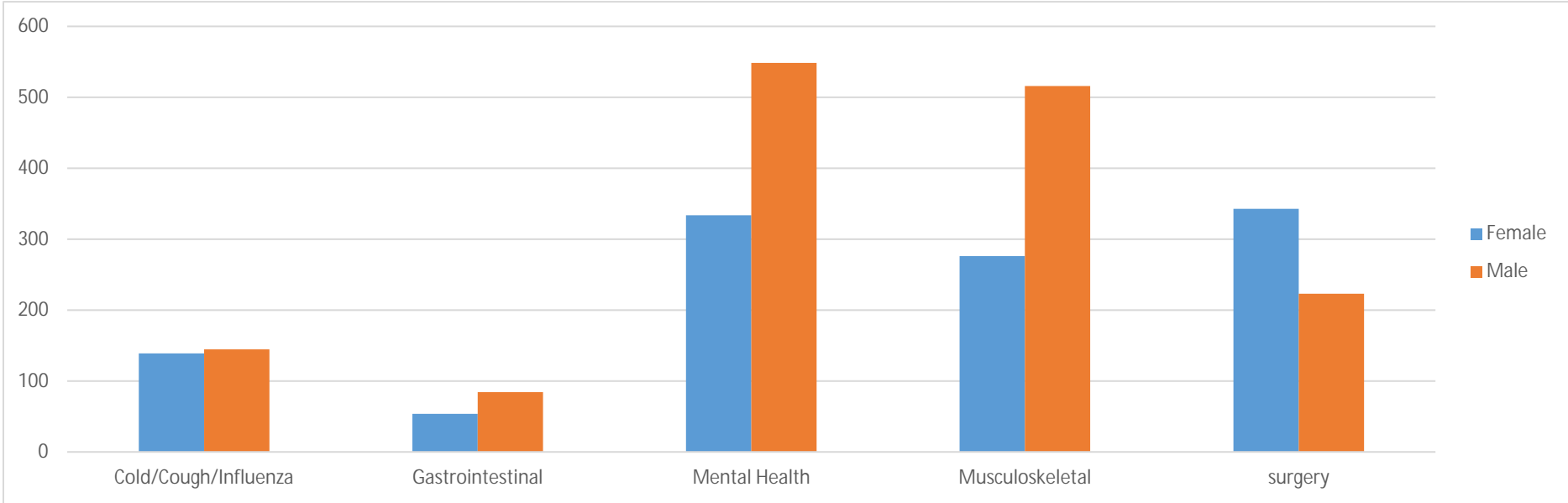


Chart 2 – Average Days lost by reason

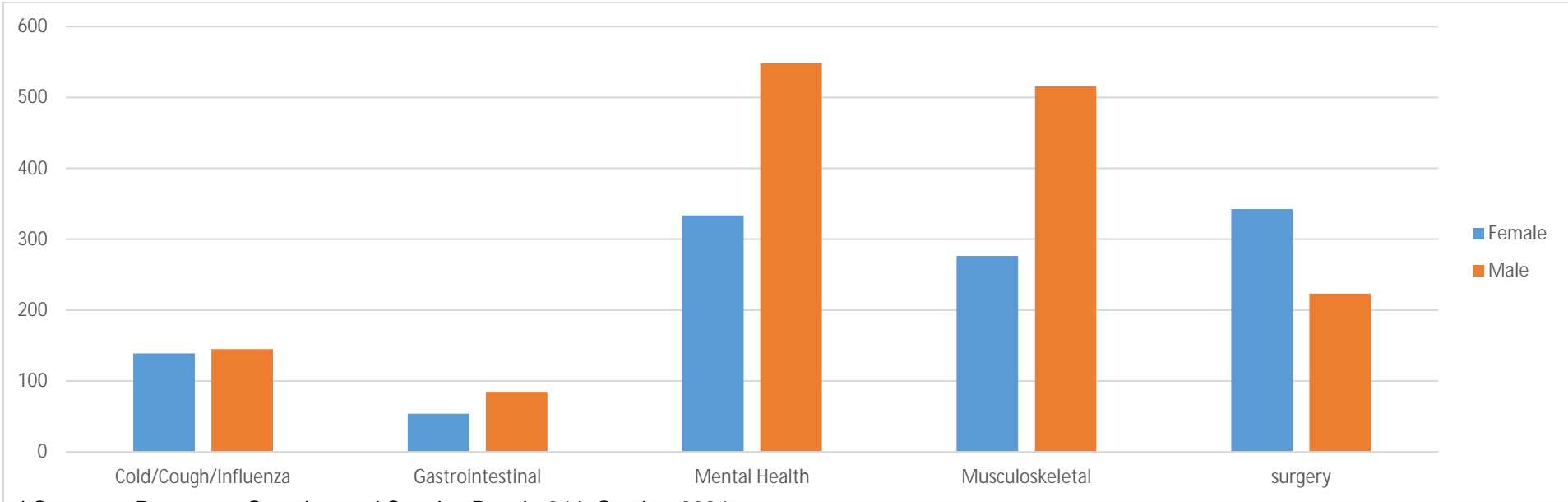


Chart 3 – Number of occasions by reason

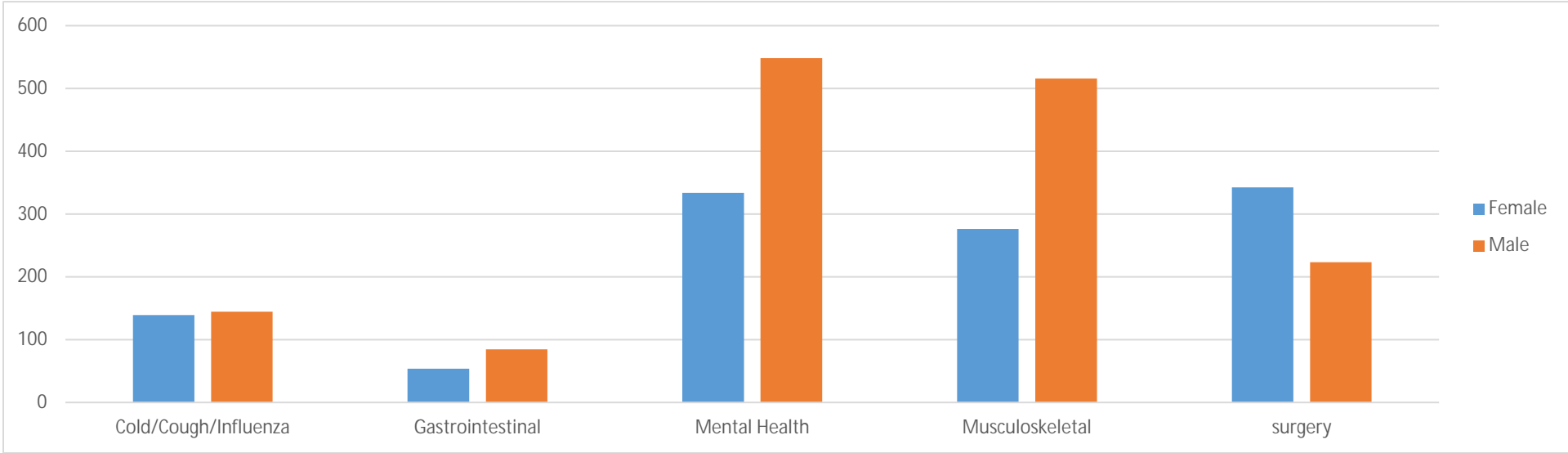
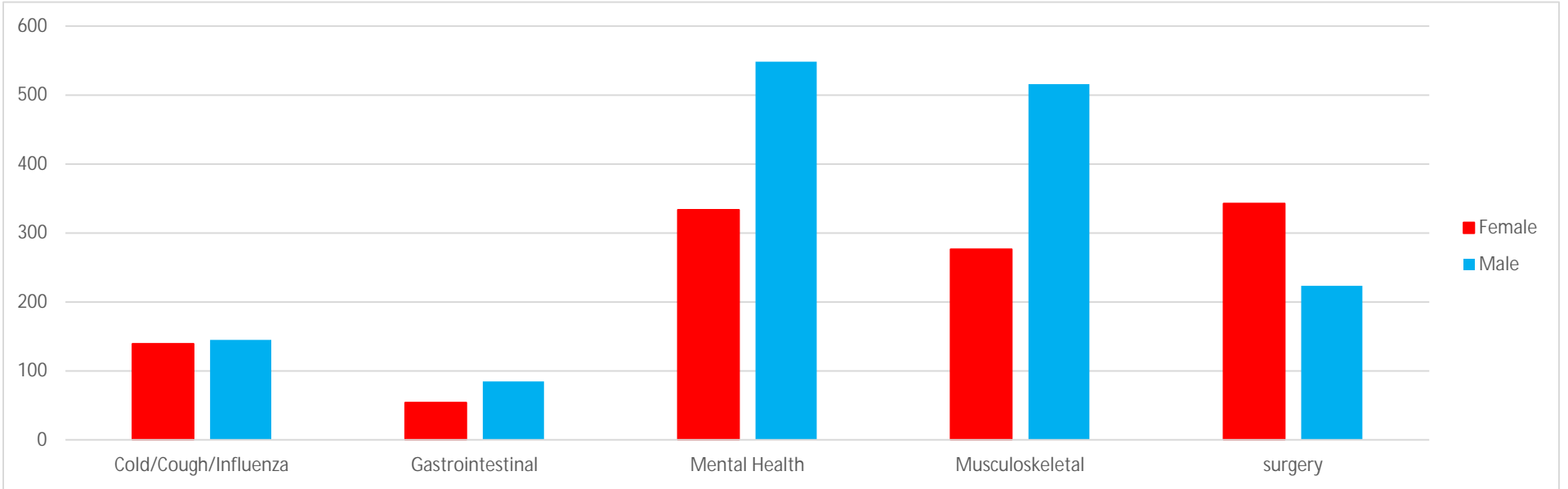


Chart 4 – Absence lost by Gender (Top 5 reasons)



Sickness Benchmarking Data 2023/24

| Council | Nuneaton & Bedworth Borough Council | Rugby Borough Council | North Warwickshire Borough Council | Warwick District Council | Wychavon and Malvern Hills District Council |
|---|---|--|---|---------------------------------|--|
| Average FTE | 487.50 | 455.92 | 271.31 | 457 | 239.08 (WDC) 234.88 (MHDC) |
| Short Term Sickness (average days lost per employee) | 4.83 | 3.86 | 4.90 | Not available | 4.80 (WDC) 4.4 (MHDC) |
| Long Term Sickness (average days lost per employee) | 6.93 | 4.97 | 8.31 | Not available | 3.03 (WDC) 2.70 (MHDC) |
| All Sickness | 11.77 | 8.83 | 13.22 | 12.53 | 7.83 (WDC) 7.10 (MHDC) |
| Top 3 Reasons for Absence | 1. Mental Health 2. Musculo-skeletal 3. Surgery | 1. Operations 2. Stress 3. Ankle/Foot Injury | 1. Mental Health 2. Musculo-skeletal 3. Chest | Not available | 1. Stress/Depression 2. Musculo-skeletal 3. Infections |

DETAILS OF INITIATIVES ALREADY USED TO REDUCE SICKNESS ABSENCE

The Council has utilised a number of initiatives to reduce sickness absence and improve the general Health and Wellbeing of the workforce that include:

Musculoskeletal Injuries

- Manual Handling Training
- Early Assessment and Treatment
- Access to Physiotherapy

Stress & Related Conditions

- Recognising & Managing Stress in the workplace for Managers
- Recognising & Coping with stress and anxiety for Employees
- Individual Stress Risk Assessments
- Roll out of HSE Management Standards
- Access to Counselling/therapy
- Able Futures – access to work for mental health
- Designated Employee assistance Programme providing free, confidential, 24/7,364 support to employees
- Mental Health First Aiders
- Designated Employee Assistance Programme (EAP)

Other Initiatives

- Flexible working arrangements, including Agile Working
- Cycle to Work Scheme
- Health Screening Provision
- Health Awareness Sessions
- Bupa CashPlan
- Workplace challenges
- Wellbeing days – physio taster sessions, health checks
- Employee wellbeing surveys
- Wellbeing Action Plan

NUNEATON AND BEDWORTH BOROUGH COUNCIL

Report to: **Health and Corporate Scrutiny Panel, 24th October 2024**

From: **Risk Management and Performance Officer**

Subject: **INTEGRATED PERFORMANCE REPORT - FIRST QUARTER 2024/25**

1. Purpose of Report

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

2. Financial Data

- 2.1 The Overview and Scrutiny Panel (OSP) should note from Q1 of the 2024/2025 financial year, the Integrated Performance Report will 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 September 2024 forward plan, the following financial reports are due to be considered by Cabinet before the end of the calendar year:
- General Fund Budget Monitoring Q1 (September Cabinet)
 - HRA Budget Monitoring Q1 (September Cabinet)
 - Capital Monitoring Q1 (September Cabinet)
 - General Fund Budget Monitoring Q2 (November Cabinet)
 - HRA Budget Monitoring Q2 (November Cabinet)
 - Capital Monitoring Q2 (November Cabinet)

3. **Report Format**

The report consists of three parts:

3.1 **Appendix A** shows the results available as at the end of the latest quarter:

- The first page provides a summary of performance and Strategic Risk Register data within the remit of the panel, a summary of Freedom of Information and complaints and 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**). This shows the latest quarter 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**).

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.

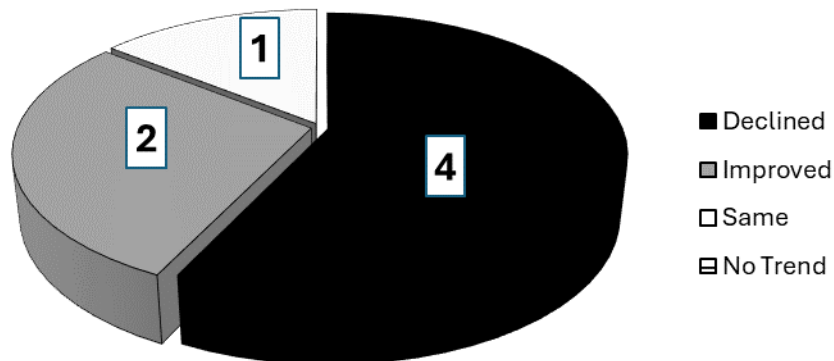
5. **Recommendation**

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

STEVE GORE

5.

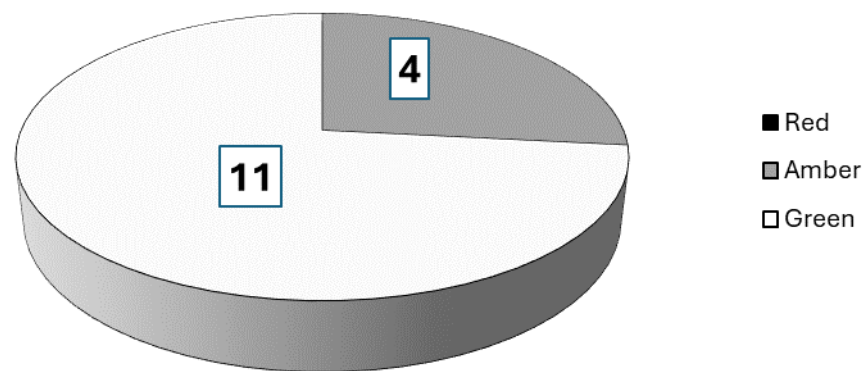
Performance Measures Summary



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

| | Number Received 2024/25 (2023/24) | Completed 2024/25 (2023/24) | Late 2024/25 (2023/24) | Outstanding 2024/25 (2023/24) |
|---|-----------------------------------|-----------------------------|------------------------|-------------------------------|
| FOI / EIR Requests - 20-day target | 193 (200) | 193 (198) | 34 (34) | 0 (2) |
| Complaints -10-day target | 521 (418) | 521 (414) | 48 (50) | 0 (4) |

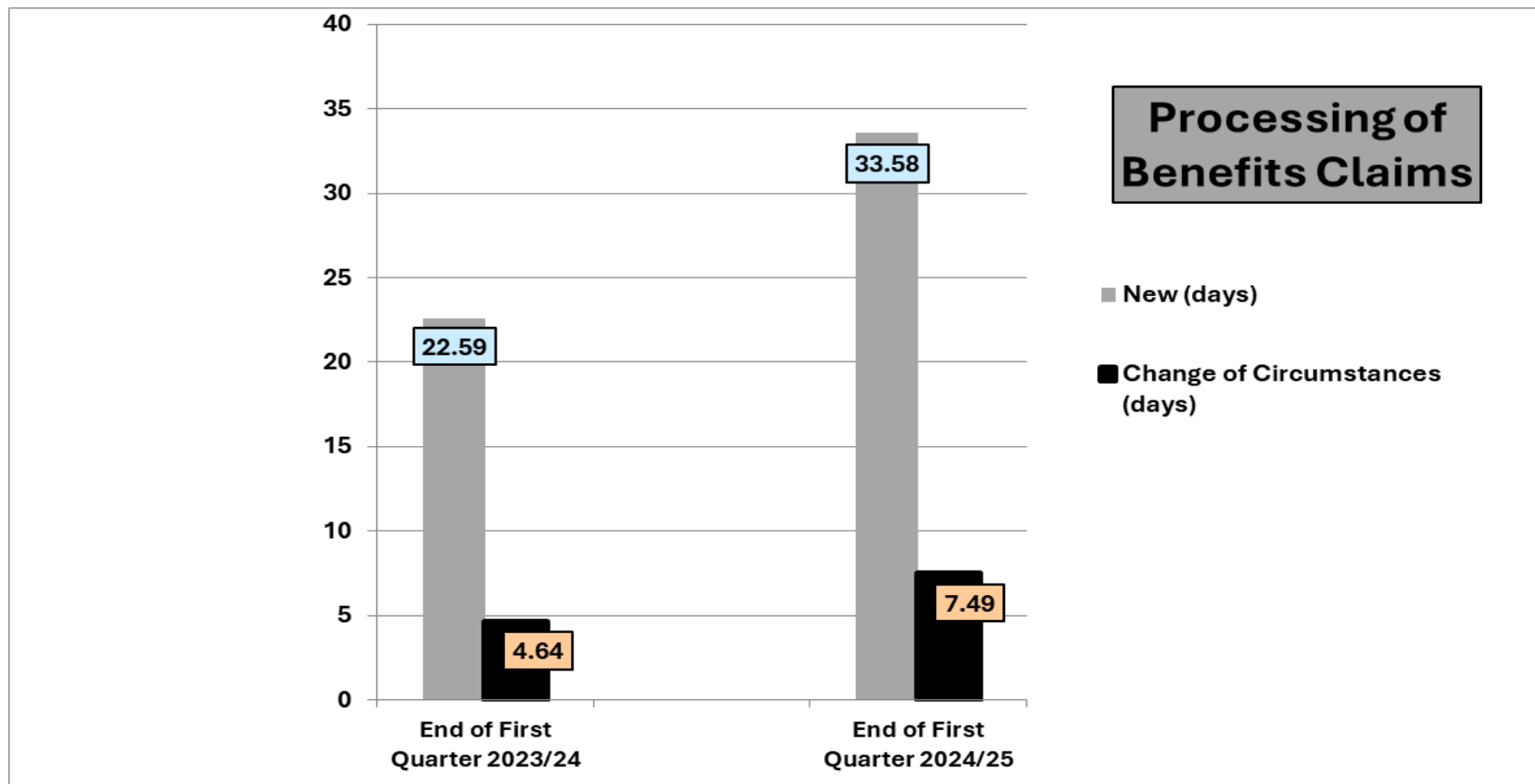
Strategic Risk Register Summary



**Member Enquiry Forms Summary
End of First Quarter**

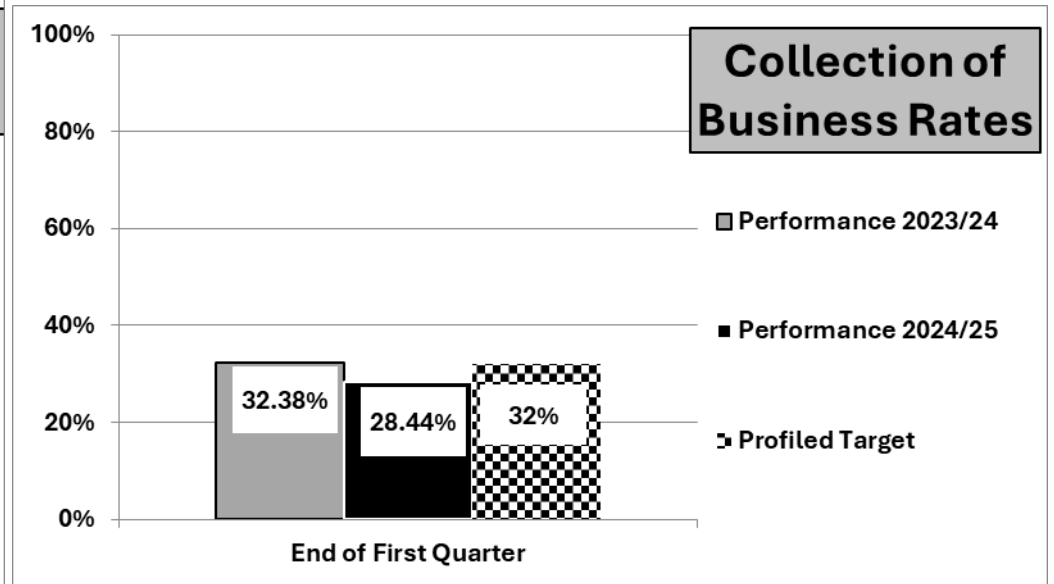
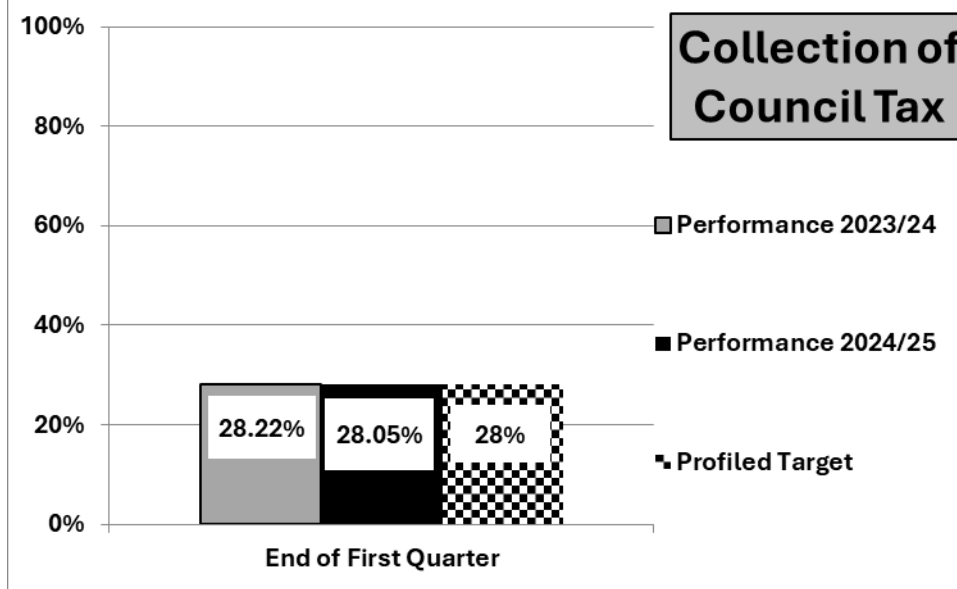
| Number Received | |
|---|---------|
| 2023/24 | 2024/25 |
| 140 | 179 |
| Subject trends identified in current quarter: Grounds maintenance continues to be the highest number of enquiries (68). There are no other common themes or issues within the enquiries for the current quarter. | |

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



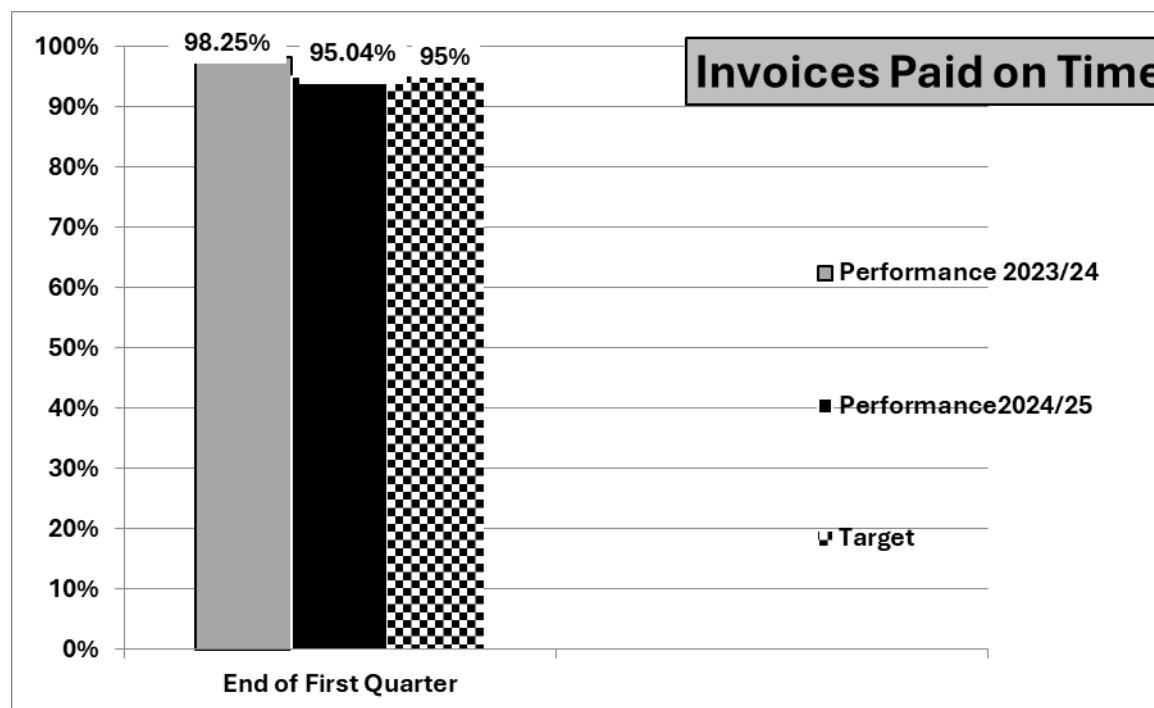
| Measure details | End of First Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|--------------------------------|--|--|-------|
| New Claims | 33.58 days (22.59 days) | <p>Low is good performance. 22 days and below is the current benchmark for good performance. The Benefits team have been 3 members of staff down since March 2024.</p> <p>Recruitment has taken 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 and it is anticipated that performance will return to normal levels in October or November. However, this will mean that performance reported to the panel for the second quarter 2024/25 will also be affected.</p> | ☹️ |
| Change of Circumstances Claims | 7.49 days (4.64 days) | <p>Low is good performance. 9 days and below is the current benchmark for good performance.</p> <p>Recruitment has taken 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 and it is anticipated that performance will return to normal levels in October or November. However, this will mean that performance reported to the panel for the second quarter 2024/25 will also be affected.</p> | ☹️ |

Measures of performance: **Council Tax and Business Rates Collection**



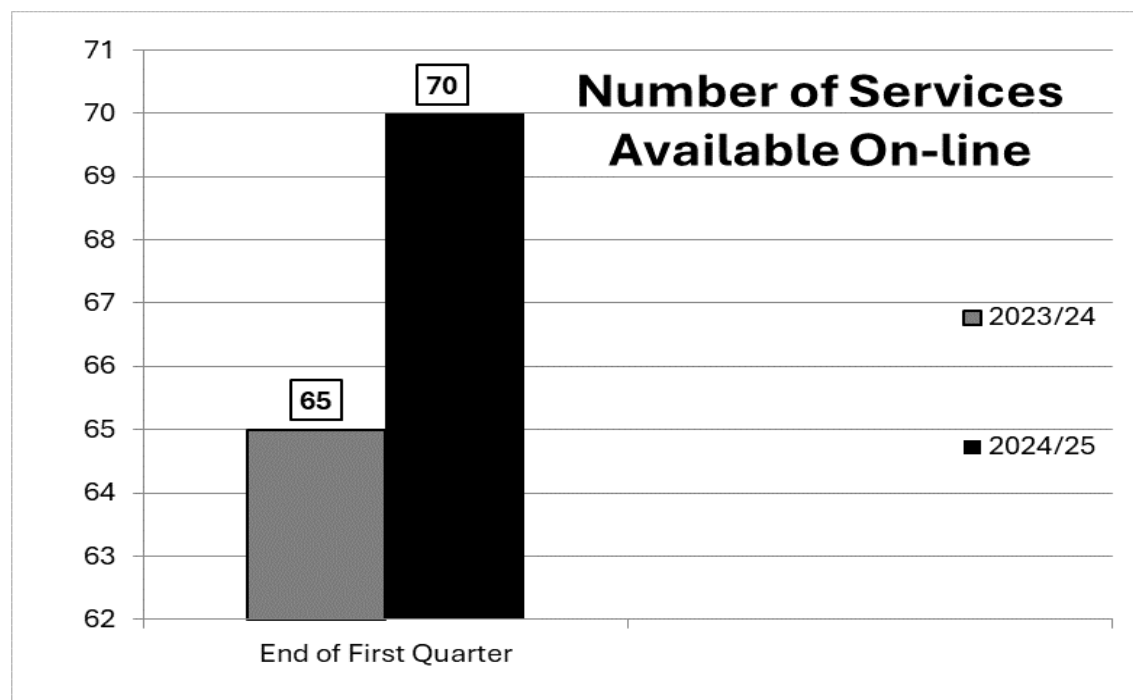
| Measure details | End of First Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|----------------------------------|--|--|-------|
| Council Tax Collection | 28.05% (28.22%) | The profiled target for the end of the first quarter 2024/25 is 28%. The annual target is 97 – 100%. | ☹️ |
| Business Rates Collection | 28.44% (32.38%) | The profiled target for the end of the first quarter 2024/25 is 32%. The annual target is 98 – 100%. | ☹️ |

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



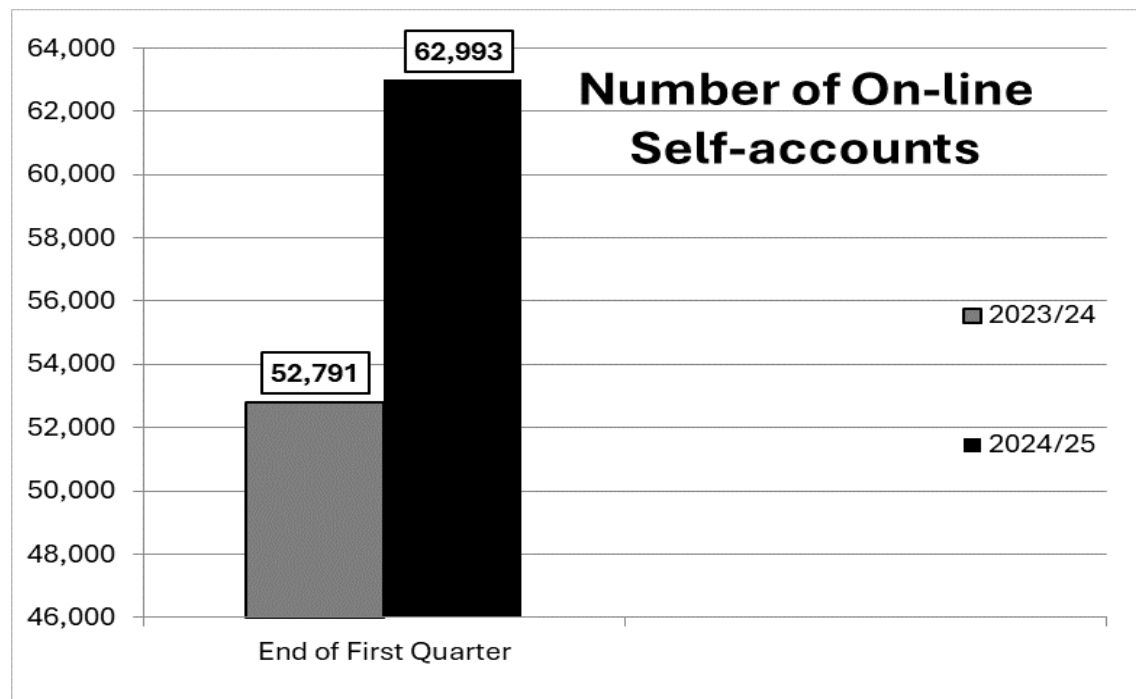
| Measure details | End of First Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|-------------------------------------|--|---|-------|
| Percentage of invoices paid on time | 95.04% (98.25%) | The target for 2024/25 is 95-100%. Although within target range, the trend is downwards compared to the first quarter 2023/24. Performance has been impacted by staffing issues. New software was implemented 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**



| Measure details | End of First Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|--|--|--|-------|
| Number of Services available On- line | 70 (65) | 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 First Quarter Performance 2024/25 (2023/24) | Comments | Trend |
|--|--|--|-------|
| Number of transactions completed online by customers | 62,993 (52,791) | 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, 4 have declined and 1 has stayed the same at the end of the first quarter 2024/25.

NBBC Strategic Risk Register Summary

First Quarter 2024/25

Full Register Summary

The total number of 'live' risks is 23.

At the end of June 2024, the breakdown according to net risk is:

- "Net red" 2 (9%)
- "Net amber" 7 (30%)
- "Net green" 14 (61%)

Therefore, 21 (91%) risks are deemed "satisfactorily managed".

Hence, the 'traffic light' reporting position is "Green".

Note: R22 (failure to deliver sub-regional recycling facility) net risk has been amended from green to amber this quarter.

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 fifteen strategic risks within the remit of the panel. Four are "net amber" and eleven are "net green". Details of these risks are shown below.



NBBC Strategic Risk Register

Current Version: 31st July 2024

Health and Corporate OSP Risks

Risk Level Indicator Matrix and Descriptors

Key

| | |
|-------|-----------------------|
| Green | Green (acceptable) |
| Amber | Amber (tolerable) |
| Red | Red (unacceptable) |

Likelihood

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

Impact

Likelihood

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

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

NET AMBER RISKS

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|---|--|---------------------------------------|--|-----------------------------------|---|---|
| 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 |
|----------|------------------|------------|---|--|-------------------|----------------------|-----------------------------------|
| | | | <u>Planned:</u> | | | | |
| | | | 1. Annual (31 st March) review of BaBB Delivery Plan against external factors. | 1: Management Team/ Cabinet. | | | |
| | | | 2.Revised Corporate Plan following new political leadership. | 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 Client 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: Strategic Director (CR) | | | | 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 Client Manager | | | | 4. PSN certification in place |
| | | | 5. Post "Azure" migration, LGA cyber security peer review to be undertaken (December 2023). | 5: ICT Client 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 (February and March 2024). | 6: ICT Client Manager | | 6.Tests undertaken and training identified. | |
| | | | Planned: | | | | |
| | | | 1. "Cyber Essentials" certification application to be resubmitted pending Cyber security and risk review (2024/25, subject to upgrade of Electoral Registration software). | 1: ICT Client Manager | | 1. Certificate in place. | |
| | | | 2. Test internal e-mail security (on-going). | 2: ICT Client Manager | | 2. Report to Management Team. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|---------------------|-------------------|---|-----------------------------------|
| | | | 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. | |
| | | | 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 (BCP). | 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: <ul style="list-style-type: none"> • Incident Management Team • Implement responsibilities linked to Civil Contingencies Act | 5: Chief Executive | | 5. Terms of reference / 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 |
|----------|------------------|------------|---|--------------------|-------------------|---|-----------------------------------|
| | | | 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. | |
| | | | <u>Planned:</u> | | | | |
| | | | 1. Update Emergency / Business Continuity Plans (September 2024). | 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 | <p>Noncompliance with regulations relating to :</p> <ul style="list-style-type: none"> Freedom of Information Environmental Information General Data Protection <p>resulting in penalties applied by the Information Commissioner's Office</p> | Very high / major (RED) | <u>Freedom of Information / Environmental Information</u> | | Significant / major (AMBER) | | Management Team / PH – Cabinet / H&CR, H&COM, E&L & BRP OSPs |
| | | | 1.Monthly FOI reports to designated service areas. | 1: Customer Experience Officer | | 1.Reports. | |
| | | | 2.Dash Customer Service Workflow application used to manage outstanding cases. | 2: Strategic Director (CR) | | 2.Dash application. | |
| | | | 3.Email alerts on receipt of new requests. | 3: Strategic Director (CR) | | 3.Emails. | |

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

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|--|-------------------|--|-----------------------------------|
| | | | <u>Planned:</u> | | | | |
| | | | 1.Refresher training for Senior Managers (September 2024). | 1: Assistant Director (Central Operations) | | 1.Senior Management Team minutes / training records. | |
| | | | <u>General Data Protection Regulations (GDPR)</u> | | | | |
| | | | 1. Corporate Information Governance Group (CIGG) / Information Management Group. | 1: Assistant Director (Democracy and Governance) | | 1.Meeting minutes. | |
| | | | 2. Use of an accredited contractor to dispose of electrical equipment (including IT equipment). The contractor guarantees data destruction & provides certification accordingly. | 2: Strategic Director (CR) | | 2. Contractor agreement and meetings minutes | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|--|-------------------|---|-----------------------------------|
| | | | 3. Compliance with Public Services Network Code of Connection (PSN Co-Co). | 3: Strategic Director (CR) | | 3. Annual PSN Compliance Certification / "Cyber Essentials Scheme" certification. | |
| | | | 4. Senior Information Risk Owner (SIRO) and Deputy appointed. | 4: Strategic Director (CR) | | 4. SIRO's Job Description | |
| | | | 5. Information Governance Framework/ ICT Code of Conduct for Employees/Member Protocol for the Use of IT Resources. | 5: Assistant Director (Central Operations) | | 5. Individual Cabinet Member Decision | |
| | | | 6. Appointment of 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 (Information Security Advice Limited). | 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 (September 2024). | 1: DPO | | 1. Policy approved. | |
| | | | 2. Data Protection information to be made available to employees via the new Intranet when available (September 2024). | 2: DPO | | 2. Intranet. | |
| | | | 3. Information Asset Register to be established (timescale to be agreed with Information Management Group). | 3: DPO / Information asset owners | | 3. Register in place. | |
| | | | 4. Data protection and Freedom of Information Act training for Senior Managers (on-going). | 4: DPO | | 4. Senior Management meeting records. | |

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

NET GREEN RISKS

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|--|---------------------------------------|---|--|-------------------------------|---|--|
| 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. Legally binding contract documentation. | 1: Assistant Director (Democracy and Governance) | Low / Major (GREEN) | 1. Tender documents, contract conditions and legal documentation. | Management Team / PH – R&CS / H&CR OSP |
| | | | 2. Contract monitoring activities. | 2: Assistant Directors | | 2. Minutes of meetings with contractors. | |
| | | | 3. Procurement process that is in place and regularly reviewed as defined by contract procedure rules. On-going supplier monitoring including credit check. | 3: Assistant Director (Democracy and Governance) | | 3. Latest version of Contract Procedure Rules. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|--|-------------------|---|-----------------------------------|
| | | | 4. On-going financial check (key contracts). | 4: Assistant Director (Democracy and Governance) | | 4. Records of processed invoices. | |
| | | | 5. In-house Corporate Governance training. | 5: Assistant Director (Democracy and Governance) | | 5. Records of in-house governance training. | |
| | | | 6. Internal audit. | 6: Audit & Governance Manager (CMAP) | | 6. Internal Audit reports. | |
| | | | 7. External legal advice. | 7: Solicitor to the Council | | 7. Records of legal advice. | |
| | | | 8. Designated Strategic Procurement Team. | 8: Strategic Director (CR) | | 8. Team in place / training and contract support records. | |
| | | | 9. Pay suppliers promptly to aid cash flow. | 9: Strategic Director (CR) | | 9. Regular payments performance 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. Contractors required to provide Parent Company Guarantee &/or performance bond, as required. | 10: Strategic Director (CR) | | 10.Tender documents, contract conditions and legal documentation | |
| | | | 11. Compliance with Cabinet Office Public Procurement Policy Notes (PPNs). | 11: Assistant Director (Democracy and Governance) | | 11. Creditors and Procurement records. | |
| | | | 12.On-going monitoring of supply market and volatility. | 12: Assistant Director (Democracy and Governance) | | 12. Minutes of Corporate Governance Group. | |
| | | | Planned: | | | | |
| | | | 1.Contract management training (July 2024). | 2: Assistant Director (Democracy and Governance) | | 1. 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 |
|----------|--|-----------------------------|---|----------------------------|-----------------------------------|--|---|
| 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 have 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. | |
| | | | <u>Planned:</u> | | | | |
| | | | 1. Update Business Continuity Plans (September 2024). | 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 September 2024. | 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. Regular monthly monitoring of budgets including Cabinet reporting. | 1: Management Team | Low / Moderate (GREEN) | 1 & 6. Strategic Performance Management Report to Management Team and Scrutiny panels / Corporate Governance Group minutes. | Chief Executive & Strategic Director (CR) – Section 151 Officer / PH – R&CS / H&CR OSP |
| | | | 2. Adequate level of reserves held to manage fluctuations. Section 151 assurance statement on budget proposals. | 2: Management Team | | 2. Reserves maintained and kept under review / S151 Officer's annual Assurance Statement on reserves. | |
| | | | 3. Housing Revenue Account Business Plan. | 3: Management Team | | 3. Internal / External audit / annual Cabinet report. | |
| | | | 4. Updated Medium-Term Financial Plan. | 4: Management Team | | 4. Cabinet / Full 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 |
|----------|------------------|------------|--|---------------------|-------------------|--|-----------------------------------|
| | | | 5. Strategic Risk Register maintenance and review. | 5: Management Team | | 5. Document controlled Strategic Risk Register. | |
| | | | 6. Financial and HRA risk assessments. | 6: Management Team | | 6. HRA Business Plan and budget reports. | |
| | | | 7. Effective / robust internal and external audit. | 7: Management Team | | 7. Audit reports. | |
| | | | 8. Quarterly reporting to Audit and Standards Committee. | 8: Management Team | | 8. Audit and Standards Committee reports. | |
| | | | 9. Financial and contract procedure rules and associated regular training. | 9: Management Team | | 9. Internal / External audit reports / training records. | |
| | | | 10. Budget holder training for officers and Elected Members. | 10: Management Team | | 10. 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 |
|----------|------------------|------------|---|-----------------------------|-------------------|------------------------------------|-----------------------------------|
| | | | 11. Level of reserves reviewed as part of annual budget setting process. | 11: Strategic Director (CR) | | 11. Cabinet report. | |
| | | | 12. Adherence to CIPFA Financial Management Code. | 12: Strategic Director (CR) | | 12. Self-assessment document. | |
| | | | 13. Section 151 Officer in post. | 13: Chief Executive | | 13.Member-led appointment process. | |
| | | | 14. Ensure the Council maintains the latest version of financial software (Agresso) | 14: Strategic Director (CR) | | 14.Software in place. | |
| | | | 15. Migration of Revenues & Benefits System using cloud-based technology. | 15: Strategic Director (CR) | | 15.Migration completed. | |
| | | | 16. NDR Refunds - Valuation Office Agency provisions in place. | 16: Strategic Director (CR) | | 16. Refunds applied. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|--------------------------------------|-------------------|---|-----------------------------------|
| | | | 17.Warwickshire Business Rates Pool | 17: Strategic Director (CR) | | 17. County Council regular reports. | |
| | | | 18.Multi-year capital budget and funding monitoring (in February). | 18: Strategic Director (CR) | | 18.Cabinet / Council reports. | |
| | | | <u>Planned:</u> | | | | |
| | | | 1.Thorough review of HRA Business Plan in 2024/25. | 1: Strategic Directors (CR) & (H&CS) | | 1.New plan in place / Cabinet 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 |
|----------|---|-------------------------------|---|--|-----------------------|--|--|
| R12 | Safeguarding children and adults with care and support needs from abuse, neglect and harm | Significant / Serious (AMBER) | 1. Safeguarding Policy and Guidance | 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 |
|----------|------------------|------------|--|--|-------------------|--|-----------------------------------|
| | | | <u>Planned:</u> | | | | |
| | | | 1. Update sharing agreement with Warwickshire Front Door/Warwickshire Safeguarding Partnership (March 2025). | 1: Assistant Director (Democracy and Governance) / Equalities and Safeguarding Officer | | 1. Revised agreement in place. | |
| | | | 2. Review and update safeguarding guidance / policy (September 2024) | 2: Equalities and Safeguarding Officer | | 2. Updated guidance / 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 |
|----------|--|--------------------------------------|---|--|-------------------------------|--|---|
| 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 (5 years). | 2: Strategic Directors (CR / (P&E) | | 2. Finance Manager and Strategic Director (E&T) / 3, 6 & 10. Cabinet reports. | |
| | | | 3. Housing Revenue account (HRA) Business Plan | 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. Acquisitions and Disposal Programme | 5: Strategic Directors (P&E) /(H&C) / (PS) | | 5. Programme in place. | |
| | | | 6. Internal audit programme. | 6: Head of Audit and Governance | | 6. Audit reports. | |
| | | | 7. Treasury Management Strategy and Prudential Indicators | 7: Strategic Director (CR) | | 7. Strategy in place / Council minutes. | |
| | | | 8. Regular reporting on the multi-year Capital programme. | 8: Strategic Director (CR) | | 8. Reports. | |
| | | | 9. WMCA funding for land remediation. | 9: Strategic Director (P&E) | | 9. Funding received. | |
| | | | 10. "Future High Streets" funding agreed. | 10: Strategic Director (P&E) | | 10. Monitoring and evaluation returns and programme 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. "Towns Fund" funding agreed. | 11: Strategic Director (P&E) | | 11. Funding agreement in place. Corporate programme strategic board minutes. | |
| | | | 12. Monthly WMCA engagement meetings. | 12: Assistant Director (Regeneration) | | 12. Meeting minutes / funding applications. | |
| | | | 13. HRA Governance group to review operational and financial management. | 13 Strategic Director (H&CS) | | 13. Meeting minutes. | |
| | | | 14. Annual General Fund / HRA budget setting (3 year budget process). | 14: Strategic Director (CR) | | 14. Cabinet meeting minutes. | |
| | | | 15. Budget monitoring. | 15: Management Team (MT) | | 15. MT reports / minutes. | |
| | | | 16. Programme management arrangements. | 16: Management Team | | 16. MT 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 |
|----------|------------------|------------|---|---|-------------------|-----------------------------------|-----------------------------------|
| | | | 17. Investment plan agreed with The Department for Levelling Up Housing and Communities (DLUHC) under the "Pathfinder" programme. | 17: Strategic Director (P&E) | | 17. Agreement in place. | |
| | | | Planned: | | | | |
| | | | 1. Revised HRA Asset Management Plan (September 2024). | 1: Assistant Director (Social Housing and Community Safety) | | 1. Plan in place. | |
| | | | 2. Review and update Capital Strategy (January 2025). | 2: Strategic Director (CR) | | 2. Document in place and adopted. | |
| | | | 3. Review and update of the HRA Business Plan (January 2025). | 3: Strategic Directors (CR) and (H&CS) | | 3. Revised 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 |
|----------|------------------|------------|---|--|-------------------|--|-----------------------------------|
| | | | 4. Acquisition and Disposal programme to be monitored by Corporate Governance Group (on-going). | 4: Assistant Director (Democracy and Governance) | | 4. Corporate Governance Group meeting minutes. | |
| | | | 5. Review of Corporate Asset Register into a single software facility. | 5: Assistant Director (Central Operations) | | 5. Single software facility 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 |
|----------|--|----------------------------------|--|--|----------------------------------|--|---|
| 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. | 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 Directors. | 2: Strategic Director (CR) / Assistant Director (Central Operations) | | 2. Training records. | |
| | | | 3. LGA social media training for Elected Members. | 3: Chief Executive | | 3. Training delivered in January 2022 | |

| 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. Periodic media training for Elected Members and Senior Managers (ongoing). | 1: Assistant Director (Central Operations) | | 1. 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 |
|----------|--|----------------------------------|--|---------------------------------|-----------------------------|--------------------------|--|
| 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 |
| | | | <u>Planned:</u> | | | | |
| | | | 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 Director (PS) | 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 (Democracy and Governance) | | 5. Policy documents in place. | |
| | | | 6. Internal audit of fire risk arrangements (completed February 2022). | 6: Audit and Governance Manager (CMAF) | | 6. Internal Audit report. | |
| | | | 7. Certified fire doors. | 7: Strategic Director (P&E) / Assistant Director (Economy) | | 7. Doors / Certification in place. | |
| | | | 8. Corporate review of Health and Safety arrangements (2023/24). | 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 | | 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 |
|----------|------------------|------------|--|---|-------------------|---|-----------------------------------|
| | | | | Environment Health | | | |
| | | | 10.External consultancy support to identify and manage fire safety issues. | 10: Strategic / Assistant Directors | | 10. Consultant reports and monitored action plan. | |
| | | | 11. External risk audit report by insurers (Gallagher Bassett) February 2023 | 11: Strategic Director (PS) | | 11.Action plan and MT minutes. | |
| | | | 12. On-going review of corporate assets. | 12: Management Team | | 12.Review findings / update register. | |
| | | | 13. Implement periodic Internal Audit report recommendations. | 13: Head of Safety and Environmental Health | | 13.Audit action plan. | |

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|---|-------------------|----------------------------|-----------------------------------|
| | | | 14. Act on appropriate recommendations arising from public enquiries / legislation changes (on-going). | 14: Strategic Director (P&E) / Assistant Director (Economy) / Head of Safety and Environment Health | | 14.Reports / action plans. | |
| | | | <u>Planned:</u> | | | | |
| | | | 1. Review and refresh Business Continuity Plans (September 2024). | 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 (March 2025). | 2: Assistant Director (Economy) | | | |

| 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 | |
| | | | <u>Planned:</u> | | | | |

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

| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|---|--|-------------------|-----------------------------|-----------------------------------|
| | | | 5. Annual Ombudsman report to Scrutiny panel. | 5: Customer Experience Officer | | 5. FPS meeting minutes. | |
| | | | <u>Planned:</u> | | | | |
| | | | 1. Refresh of complaints policy following regulatory change (August 2024) | 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 (Governance & Democracy) / Head of People and Culture | 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 (Governance & Democracy) / Head of People and Culture | | 2. Officers in post. | |
| | | | 3. Raising awareness with Elected Members. | 3: Strategic Director (CR) / Assistant Director (Governance & Democracy) | | 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 (Governance & Democracy) | | 4. Contract procedure rules and monitoring and review of tender templates | |

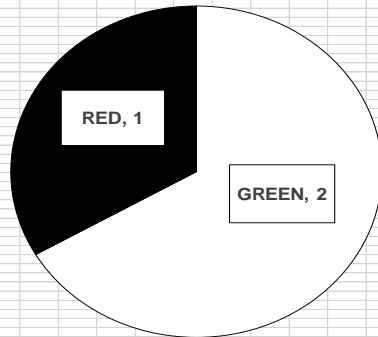
| Risk Ref | Risk Description | Gross Risk | Mitigation Control Existing / Ongoing | Mitigation Owner | Net Risk / Status | Sources of Assurance | Risk Owner / Portfolio (PH) / OSP |
|----------|------------------|------------|--|--|-------------------|----------------------|-----------------------------------|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

Strategic Performance Report – Executive Summary July 2024

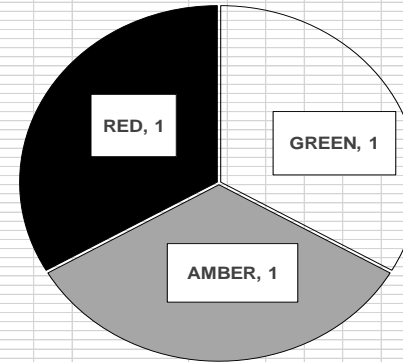
(Data as at the end of June 2024)

Charts Summary

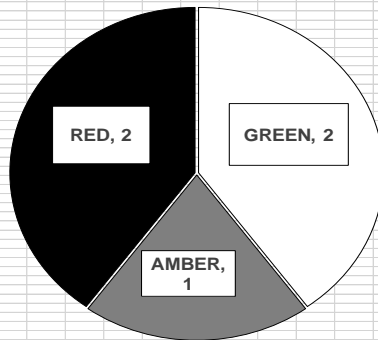
1. FINANCE



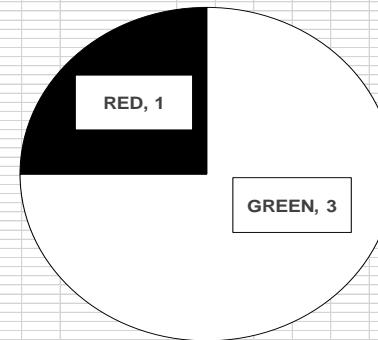
2. PEOPLE AND SERVICE DELIVERY (P&SD)



3. PROCESSES



4. IMPROVEMENT



RED AND AMBER MEASURES BY CATEGORY *

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

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

Strategic Performance Report – Executive Summary July 2024

(Data as at the end of June 2024)

Reporting of Financial Data

It is intended to improve the effectiveness / consistency of financial data reporting for 2024/25. Currently, there are four measures in this report - two for the General Fund and two for the Housing Revenue Account. These have been excluded from the charts summary as it is proposed that these are removed from the report in favour of the quarterly finance summary provided by the Assistant Director (Finance).

Management Team approval is sought to adopt the proposed change to performance reporting arrangements.

Positive aspects

- Rent collection is 82.67% against the 80% target at the end of June (76.79% last month) – no comparable data for 2023/24
- **Percentage of waste recycled and composted** is 42.68% against the profiled target of 33% at the end of June (35.66% in June 2023) – normally reported one month in arrears of other data, but the June data is available in time for this report. It should be noted that the contamination rate has been excluded from the data as referenced in last month's report.
- **Strategic Risk Register monitoring** is 91% against the 80% target at the end of June 2024 (91% last quarter)

Areas for Improvement (Chart reference shown in brackets)

- **Business rates collection** is 28.44% against the profiled target of 32% at the end of June 2024 (this compares to 32.38% at the end of June 2023)
- **Processing of new benefits claims** is 33.58 days against the 22 days good performance benchmark (compared to 22.59 days in June 2023). Backlog being addressed. Short-term overtime approved to address staff reduction in the team
- **Planning permissions for affordable homes** is 24% against the 25% target at the end of the first quarter
- **Working days lost to short term sickness absence** is 1.09 days per full time equivalent (FTE) against the profiled target of 0.87 days/FTE at the end of June (0.93 days/FTE at the end of June 2023)

NOTE: Working days lost to long term sickness absence is now exactly on the profiled target of 1.31 days/FTE at the end of June

Strategic Performance Report – Executive Summary July 2024

(Data as at the end of June 2024)

Areas for Improvement

- **Short term return to work interview compliance** rolling average is 75% within 3 days (62.50% last month). The average time to complete all interviews is 1.67 days (2.10 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 | 36.67% | 0.53 |
| Place and Economy | 77.78% | 1.83 |
| Housing and Communities | 60.45% | 1.45 |
| Public Services | 48.15% | 2.11 |

- **Agency staff spend** £259,695 as at the end of June compared to £252,088 at the end of June 2023:

| | | |
|--------------|----------|----------------|
| General Fund | £ | 159,779 |
| HRA | £ | 99,916 |
| Total | £ | 259,695 |

This is netted against an estimated (£484K) salary underspend, creating a NET underspend of (£224k) across the general fund and HRA budgets.*This year a 5% pay award provision has been included in the budget. As such, any actual salary/agency spend figures have been increased by 5% to give a more realistic view of the underspend.

| | Underspend | Net Underspend |
|--------------|------------------|------------------|
| General Fund | - 294,807 | - 135,028 |
| HRA | - 188,830 | - 88,914 |
| Total | - 483,637 | - 223,942 |

Strategic Performance Report – Executive Summary July 2024

(Data as at the end of June 2024)

Areas for Improvement (Chart reference shown in brackets)

The top three cost areas are:

| | |
|--|--------------------------------------|
| DEVELOPMENT CONTROL APPLICATIONS | £65,547 * |
| REPAIRS & MAINTENANCE - VOIDS | £27,883 |
| DOMESTIC REFUSE | £22,586 |
| TOTAL | £116,016 (70% of total agency spend) |

* = agency staff working for Development Control finished at the end of May, so this figure should stop increasing from June's report.

- **Building a Better Borough (BaBB) monitoring** is 68% against the 80% target at the end June 2024 (69% last quarter)

ADDITIONAL NOTE

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

AGENDA ITEM NO. 9

NUNEATON AND BEDWORTH BOROUGH COUNCIL

Report to: Health and Corporate Resources Overview & Scrutiny Panel

Date: 24th October 2024

From: Martyn Harris – Elections and Democratic Services Manager

Subject: Youth Council

Portfolio: Finance and Corporate [Cllr S. Hey]

Building a Better Borough Aim: N/A

Building a Better Borough Priority: N/A

1.0 OBJECTIVES OF SCRUTINY

To give consideration to NBBC meeting with Warwickshire Youth Council Members with regard to the possible creation of a bespoke Youth Council for Nuneaton and Bedworth, or other alternative means for involving young people in decision making at NBBC.

2.0 WHAT IS THE PANEL BEING ASKED TO CONSIDER?

A Member of the Youth Council states:

‘As the Warwickshire Youth Council is broader in scope and has to hear all districts however, with Nuneaton being the biggest town in Warwickshire and with Bedworth incorporated within the Council we need more representation and to work with all areas of N&B and all voices.

Youths maybe a small percentage of the population but they are 100% of our future so you need to hear our voices.

So could a meeting be arranged with member of NBBC and councillors so we can discuss this issue and incorporate all voices into the decision making of the future of Nuneaton and Bedworth’.

In addition to this request, the Panel should also consider:

- the current provision for young people’s involvement in democracy at Nuneaton and Bedworth Borough Council
- The role of Warwickshire Youth Council and to what extent it engages with issues in Nuneaton and Bedworth
- What possible benefits in terms of decision making and young people’s involvement could be made – and what form this should take

3.0 WHO CAN THE PANEL INFLUENCE?

The outcomes of the Panel's debate will be provided to the Cabinet Member – Finance and Corporate for consideration.

4.0 WHAT INFORMATION WILL BE PRESENTED

During the course of any review, the following could be considered:

- The request from the Warwickshire Youth Councillor, and feedback from other Warwickshire Youth Councillors
- Information from Warwickshire Youth Council on their current work
- Further information from Warwickshire Youth Service about other ways young people are involved in decision-making (e.g. Voices of Care Council)
- Feedback from NBBC officers on current work and future opportunities for involvement in decision making – for example Bedworth Physical Activity Hub
- Potential resource implications of engagement work and/or new engagement structures, such as a new Youth Council.
- Information from Warwickshire Youth Service about the operating costs of Warwickshire Youth Council and the recent Youth Council elections

Martyn Harris

Elections and Democratic Services Manager
02476 376218

Nuneaton and Bedworth Borough Council

FORWARD PLAN SHOWING THE KEY DECISIONS THAT WILL BE MADE IN THE 4 MONTHS BEGINNING 1ST NOVEMBER 2024 AND EXEMPT INFORMATION DECISIONS THAT ARE TO BE MADE DURING NOVEMBER, 2024.

The table below shows the likely date the listed key decisions will be made and by whom and also lists the subject of decisions to be made under Exempt Information rules. Please contact the officer mentioned in the seventh column if you wish to know:-

- ◆ the groups or organisations whom the decision maker will consult before making the decision;
- ◆ how such consultation will be undertaken;
- ◆ what documents the decision maker will consider in making that decision; or
- ◆ how, and by when, you can make any representations about the proposed decision.

Items highlighted in **yellow** are new or amended items for this publication.

| Date entered: | Item - Description | Committee | In Private Session | Reason for Item being Considered in Private Session | Date | Report Author | Person Responsible | Cabinet Portfolio | OSP |
|----------------------|---------------------------------------|------------------|---------------------------|--|--------------|--|-------------------------------------|-------------------------------|---------------|
| 05/09/24 | Green Bin Update | Cabinet | No | | October 2024 | Alastair Blunkett ☎02476 376064 | Kevin Hollis ☎02476376143 | Environment & Public Services | Env & Leisure |
| 31/07/24 | Bedworth Physical Activity Hub | Cabinet | No | | October 2024 | Katie Memetovi c-Bye ☎02476 376147 | Kevin Hollis ☎02476376143 | Leisure, Communities & Health | Env & Leisure |

| | | | | | | | | | |
|----------|--|---------|----|--|---------------|---|--|---------------------------------|----------------------------|
| 28/06/24 | Council Tax Premium Charges | Cabinet | No | | October 2024 | Liam Brown ☎02476 376275 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 07/10/24 | Revocation of Leicester Road Gyrotory Air Quality Management Area | Cabinet | No | | November 2024 | Alastair Blunkett ☎02476 376064 | Kevin Hollis ☎02476376143 | Planning and Enforcement | Business, Regen & Planning |
| 30/11/23 | Safeguarding Policy | Cabinet | No | | November 2024 | Matthew Wallbank ☎02476 376258 | Victoria Summerfield ☎02476376002 | Resources & Customer Service | Health & Corp Resources |
| 28/06/24 | Local Council Tax Reduction Scheme Policy Change | Cabinet | No | | November 2024 | Liam Brown ☎02476 376275 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 30/09/20 | Local Government Devolution | Cabinet | No | | November 2024 | Tom Shardlow ☎02476 376004 | Tom Shardlow ☎02476376004 | Business & Regeneration | Business, Regen & Planning |
| 28/06/24 | Grounds Maintenance Procurement | Cabinet | No | | November 2024 | Katie Memetovic-Bye ☎02476 376147 | Kevin Hollis ☎02476376143 | Leisure, Communities and Health | Env & Leisure |

| | | | | | | | | | |
|----------|--|---------|----|--|---------------|--|---|-------------------------------|-------------------------|
| 31/10/23 | Housing Strategy 2024-29 | Cabinet | No | | November 2024 | Jane Grant ☎02476 376483 | Dawn Dawson ☎02476376408 | Housing | Housing, & Communities |
| 22/08/22 | Johnson Road, Bedworth – Housing Development / Community Use proposal | Cabinet | No | | November 2024 | Katie Memetovic-Bye ☎02476 376147 | Kevin Hollis ☎02476376143 | Environment & Public Services | Env & Leisure |
| 30/11/23 | General Fund Budget Monitoring Q2 | Cabinet | No | | November 2024 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 30/11/23 | HRA Budget Monitoring Q2 | Cabinet | No | | November 2024 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 30/11/23 | Capital Monitoring Q2 | Cabinet | No | | November 2024 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 28/08/24 | Creative Explorers Project Update | Cabinet | No | | November 2024 | Katie Memetovic-Bye ☎02476 376147 | Kevin Hollis ☎02476376143 | Leisure, Communities & Health | Env & Leisure |

| | | | | | | | | | |
|----------|--|---------|----|--|---------------|--|--|---------------------------------|-------------------------|
| 05/09/29 | Postage Aggregated Procurement | Cabinet | No | | November 2024 | Jamie Lees ☎02476 376067 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 11/10/23 | Supported Housing (Regulatory) Act 2023- NBBC Strategy | Cabinet | No | | December 2024 | Jane Grant ☎02476 376483 | Dawn Dawson ☎02476376408 | Housing | Housing & Communities |
| 28/06/24 | Local Council Tax Reduction Scheme Policy Change Consultation Outcome | Cabinet | No | | December 2024 | Liam Brown ☎02476 376275 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 31/03/23 | Parks & Green Spaces Strategy | Cabinet | No | | December 2024 | David Truslove ☎02476 376569 | Kevin Hollis ☎02476 376143 | Leisure, Communities and Health | Env & Leisure |
| 31/07/24 | Draft budget 2025/26 | Cabinet | No | | December 2024 | Liam Brown ☎02476 376275 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 28/06/24 | Local Council Tax Reduction Scheme Policy Updates 2025/26 | Cabinet | No | | January 2025 | Liam Brown ☎02476 376275 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |

| | | | | | | | | | |
|----------|---|-----------------|----|--|---------------|---|---|---|---|
| 28/06/24 | NNDR Rate Relief Policy Updates 2025/26 | Cabinet | No | | January 2025 | Liam Brown ☎02476 376275 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 28/06/24 | Council Tax Premium Charges Consultation Outcome | Cabinet | No | | January 2025 | Liam Brown ☎02476 376275 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 31/05/23 | Capital Strategy and Asset Management Plan | Cabinet | No | | January 2025 | Jonathan White/ ☎02476 376549 Liam Brown ☎02476 376275 | Maria Bailey ☎02476 376144 Victoria Summerfield ☎02476376002 | Business & Regeneration / Resources and Customer Services | Business, Regen & Planning/ Health & Corp Resources |
| 29/02/24 | General Fund Budget 2024/25 | Cabinet/Council | No | | February 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 29/02/24 | HRA Budget 2024/25 | Cabinet/Council | No | | February 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |

| | | | | | | | | | |
|----------|--|-----------------|----|--|---------------|--|--|-------------------------------|-------------------------|
| 29/02/24 | Treasury Strategy 2024/25 | Council | No | | February 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 29/02/24 | Capital Budget 2024/25 | Cabinet/Council | No | | February 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 29/03/24 | General Fund Budget Monitoring Q3 | Cabinet | No | | March 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476 376002 | Resources & Customer Services | Health & Corp Resources |
| 29/03/24 | HRA Budget Monitoring Q3 | Cabinet | No | | March 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 29/03/24 | Capital Monitoring Q3 | Cabinet | No | | March 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 05/09/24 | Creative Explorer project review | Cabinet | No | | April 2025 | Katie Memetovic-Bye ☎02476 376147 | Kevin Hollis ☎02476376143 | Leisure, Communities & Health | Env & Leisure |

| | | | | | | | | | |
|----------|---|---------|----|--|----------------|--|---|-------------------------------|-------------------------|
| 31/07/24 | General Fund Revenue Outturn 2024/25 | Cabinet | No | | July 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 31/07/24 | HRA Revenue Outturn 2024/25 | Cabinet | No | | July 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 31/07/24 | Capital Outturn 2024/25 | Cabinet | No | | July 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 31/07/24 | Collection Fund 2024/25 | Cabinet | No | | July 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 31/07/24 | Treasury Annual Report 2024/25 | Council | No | | July 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 23/09/23 | General Fund Budget Monitoring Q1 | Cabinet | No | | September 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |

| | | | | | | | | | |
|----------|---------------------------------|---------|----|--|----------------|--|---|-------------------------------|-------------------------|
| 23/09/23 | HRA Budget Monitoring Q1 | Cabinet | No | | September 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| 23/09/23 | Capital Monitoring Q1 | Cabinet | No | | September 2025 | Victoria Summerfield ☎02476 376002 | Victoria Summerfield ☎02476376002 | Resources & Customer Services | Health & Corp Resources |
| | | | | | | | | | |

| Cabinet – Exempt Items | | | | | | | | | |
|-------------------------------|---------------------------|------------------|---------------------------|--|-------------|----------------------|---------------------------|--------------------------|------------|
| Date entered: | Item - Description | Committee | In Private Session | Reason for Item being Considered in Private Session | Date | Report Author | Person Responsible | Cabinet Portfolio | OSP |
| | | | | | | | | | |

| | | | | | | | | | |
|----------|-------------------------------------|---------|-----|--|---------------|--|--------------------------------------|-------------------------|----------------------------|
| 30/09/24 | Regeneration Projects Update | Cabinet | Yes | The report will contain information relating to the financial or business affairs of any particular person (including the Authority holding the information) | November 2024 | Jonathan White ☎02476 376549 | Maria Bailey ☎02476 376144 | Business & Regeneration | Business, Regen & Planning |
|----------|-------------------------------------|---------|-----|--|---------------|--|--------------------------------------|-------------------------|----------------------------|

Individual Cabinet Member Decisions

| Date entered: | Item - Description | Portfolio Holder | In Private Session | Reason for Item being Considered in Private Session | Date | Report Author | Person Responsible | OSP |
|---------------|--------------------|------------------|--------------------|---|------|---------------|--------------------|-----|
| | | | | | | | | |

Individual Cabinet Member Decisions – Exempt Items

| | | | | | | | | |
|--|------|--|--|--|--|--|--|--|
| | None | | | | | | | |
|--|------|--|--|--|--|--|--|--|

Officer Decisions

| Date entered: | Item - Description | Directorate | In Private Session | Reason for Item being Considered in Private Session | Date | Report Author | Person Responsible | Cabinet Portfolio | OSP |
|---|--------------------|-------------|--------------------|---|------|---------------|--------------------|-------------------|-----|
| | None | | | | | | | | |
| Officer Decisions – Exempt Items | | | | | | | | | |
| | | | | | | | | | |

The Cabinet Members are:

- Housing (Leader) - Councillor C. Watkins
- Environment and Public Services (Deputy Leader) - Councillor J. Sheppard
- Resources & Customer Services - Councillor S. Hey
- Leisure, Communities and Health - Councillor T. Jenkins
- Business and Regeneration - Councillor N. King
- Planning and Enforcement - Councillor R. Roze

Observer:

- Leader of the Main Opposition Group - Councillor K. Wilson

Dated: 7th October, 2024

Signed: C. Watkins (Leader of the Council)



SCRUTINY WORK PROGRAMME SUGGESTION FORM

When suggesting a Work Programme item, consideration needs to be given to the following questions:

- Why is the issue being suggested for review?
- What difference could be made by looking at this item?

Suggested Work Programme Item – please provide as much detail as possible

Emergency planning

There is a lack of information on this topic available to the public and members, as was highlighted in the internal audit report that went to the most recent Audit and Standards committee meeting.

A lot of work was done around the time of the tornado at Galley Common but that was about 10 years ago.

Reasons for this suggestion – please provide as much information as possible

Having communities invested in the process of planning for emergencies will bring communities together. Strong communities will be able to deal with emergencies and their aftermath.

For example, if people were needed to be evacuated from their homes, good links with churches, schools etc would be helpful.

As Councillors, communities would be looking to us to show leadership and therefore we need to discuss situations and establish where links need to be made.

Although, the overall planning is not done by this Council, executing the plan in the event of an emergency would be done at a local level

| | |
|--|-----------------------|
| | |
| Desired outcome of the review | |
| <ol style="list-style-type: none"> 1. That all the relevant information is on the website 2. That all elected members and relevant staff members have training would know exactly what to do in any situation 3. To reassure the public that the Council are fully prepared and would know what to do in the event of any emergency situation occurring in the Borough | |
| Name: Michele Kondakor | Date: 9/7/2024 |

Please return completed form to :- committee@nuneatonandbedworth.gov.uk



SCRUTINY WORK PROGRAMME SUGGESTION FORM

When suggesting a Work Programme item, consideration needs to be given to the following questions:

- Why is the issue being suggested for review?
- What difference could be made by looking at this item?

| | |
|--|--|
| Suggested Work Programme Item – please provide as much detail as possible | |
| <p>Please see attached information : Blue Mental Health Support Education</p> <p>NBBC – to share details of this support education , its timetable is listed below so its workable within the working day.</p> <p>Built around teachers to be practical and convenient • Comes in 12 convenient modules and can be completed in less than half a day. • Start and stop functions provide added flexibility to fit around the day. • Access after completion means the content is always there, promoting ongoing learning and support. • Built in notes/download function allows thoughts and comments to be captured and use in school. • Comes with resources like posters and worksheets to help bring learning to life in the classroom. Builds CPD whilst enhancing skills and knowledge in improving children’s mental health</p> | <p>Please consider:-</p> <ul style="list-style-type: none"> • Why should there be a review • Any links to Council vision or priorities • What benefits would there be to residents or the Council |
| Reasons for this suggestion – please provide as much information as possible | |

Would like to recommend that this course details are shared with the relevant department, and we show full support for Mental Health

Please consider:-

- What are the facts
- Any evidence to support it
- Any particular documents or organisation you wish to refer to
- Possible witnesses

Desired outcome of the review

NBBC –agree to the recommendation of sharing details of this program and show full support

Please consider:-

- What you would like to see happen from the review
- How might this be achieved

Name:

Cllr Sharon Dhillon

Date:

22.09.24



blue

MENTAL HEALTH
SUPPORT
EDUCATION

Led by therapists.

Designed by teachers
and families.

For every adult
in a child's life.



A powerful collaboration from within the NHS

NTH and Blue have a shared ambition – to make a positive difference to children’s mental health.

Who we are

Blue, who provide successful evidence-based Cognitive Behavioural Therapy (CBT) in schools and NHS owned NTH Solutions, with a vested interest in improving children’s mental health have come together to form Blue Mental Health Support.

What we do

We provide content co-created by mental health therapists, teachers, children, their families and the NHS via our online learning platform, translating training usually reserved for mental health professionals, for everyday use.

Why we do it

We believe that every adult can play a crucial role in preventing the escalation of mental health challenges in children, helping them thrive emotionally, socially, and academically.

Not only can we help the children in our own care, but collectively we can ease pressure on the entire community and healthcare services, fostering a healthier and more resilient society in the long run.

Every adult an ally



Our powerful 'Little Birds' animation helps us visualise the difference we can make.

A different approach

Amid the multitude of mental health training options inundating schools, ours stands distinct, offering genuine innovation and impactful change.

Empowering parents and schools alike

We also provide training that uses the same principles for families, ensuring that everyone's on the same page, inside and outside the classroom, supporting our children in the best way possible.



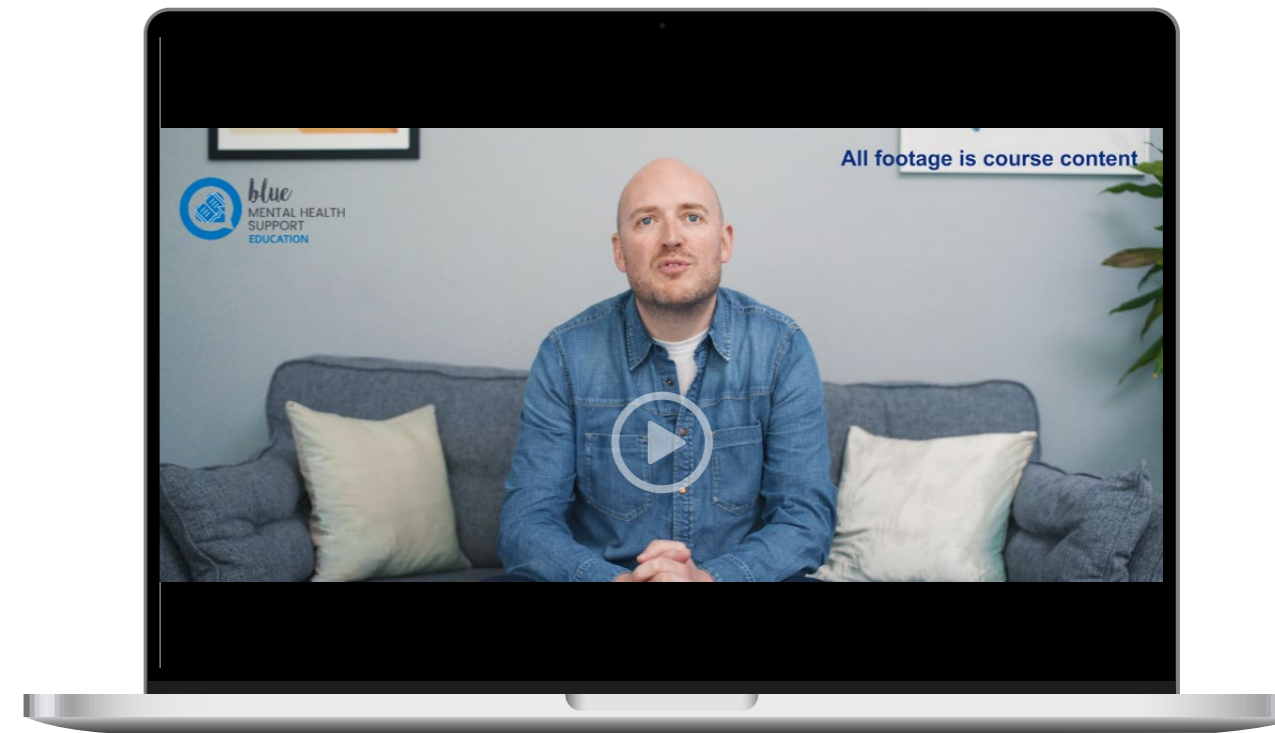
Content that works

Our content is made with regular people in mind and is based on proven methods. It includes real-life examples and hands-on demonstrations, and it's all put together by therapists who specialise in cognitive behavioural therapies for children.

It's not counselling

It's pragmatic ideas that come from evidence-based practice, created by therapists with over 70 years' experience.

Training usually reserved for mental health professionals, translated for everyday use.



“ Blue training differs from other offers currently available. This feels just the right approach for us across all our schools and I highly recommend this service. ”

Frankie Cowan, Head Teacher



“ Teachers shared anecdotes of how the course was thought provoking and interesting and a great way to improve on oneself. ”

**Carrie Marron, Head Teacher,
Langley First School**

Built around teachers to be practical and convenient

- Comes in 12 convenient modules and can be completed in less than half a day.
- Start and stop functions provide added flexibility to fit around the day.
- Access after completion means the content is always there, promoting ongoing learning and support.
- Built in notes/download function allows thoughts and comments to be captured and use in school.
- Comes with resources like posters and worksheets to help bring learning to life in the classroom.

Builds CPD whilst enhancing skills and knowledge in improving children’s mental health.

Our NHS heritage means you help patients directly

When you buy a Blue Mental Health Support course, you're not just helping children's mental health, you're also contributing to better healthcare in our communities due to our NHS roots.

Getting started

Our membership offers three tiers related to the number of school staff you have, fitting around your specific needs, so that you and your team receive tailored support for your continuous growth.



TIER ONE
50 licenses
£689



TIER TWO
100 licenses
£895



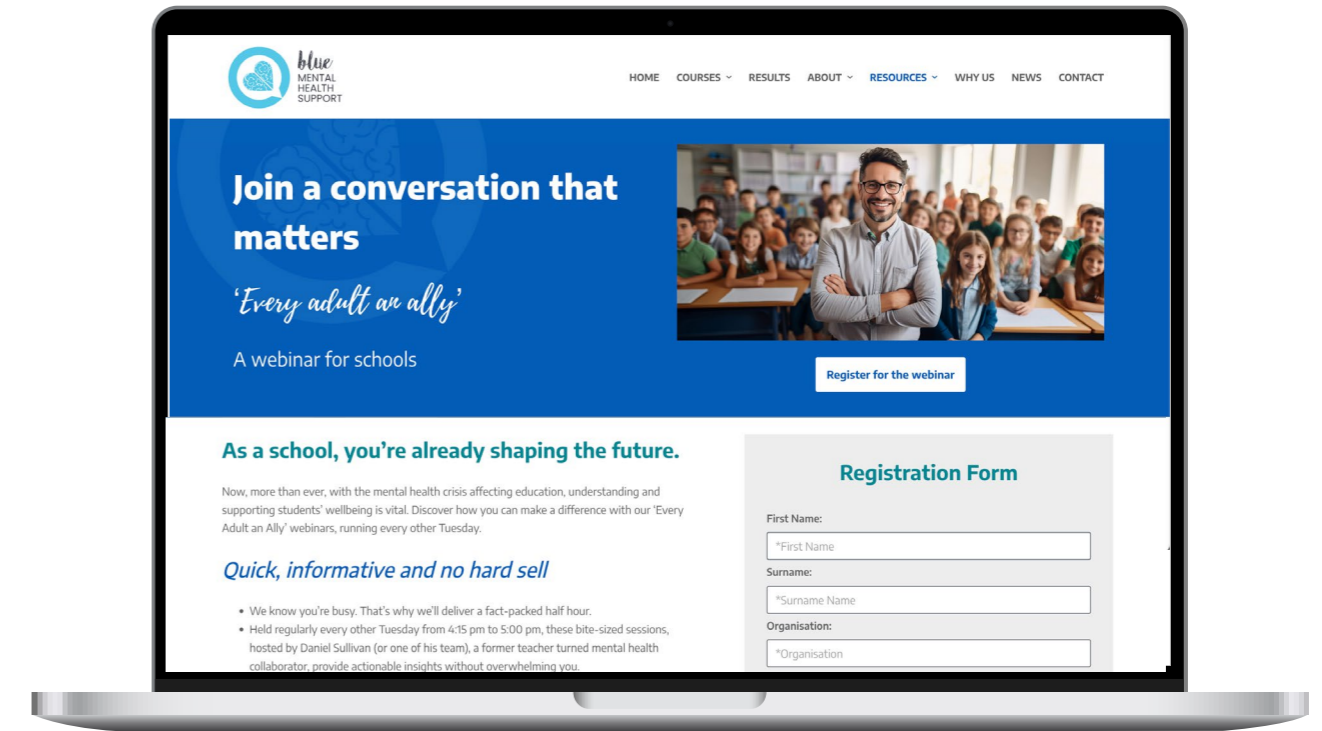
TIER THREE
200 licenses
£1095

Access our free sample or buy online:
blumentalhealthsupport.co.uk

As a school, you're already shaping the future

Now, more than ever, with the mental health crisis affecting education, understanding and supporting students' wellbeing is vital. Discover how you can make a difference with our 'Every Adult an Ally' webinars, running every other Tuesday.

Join the conversation, a webinar for schools



“As the pupil wellbeing lead for my Federation, the Every Adult an Ally webinar was immensely useful for me. Daniel’s insights into early support intervention in schools showed just how Blue Training can look to create a holistic model which upskills staff as well as sharing the best practice for supporting students.”

Robert Sinclair-Harris, St. Edmund’s Church of England Primary School

“ We’ve seen a significant reduction in the number of children referred to CAMHS and other services. ”

Frankie Cowan, Head Teacher

Visit our website for more information
bluementalhealthsupport.co.uk

08459 390 018





Grange Park Primary School Frankie Cowan, Head Teacher:

When I took over Grange Park Primary School, during the pandemic, the school was battling the same mental health challenges that so many of our schools are now facing. With 20 years of experience in education in areas of high need (including five years of specialist education) I felt prepared for the challenge, but it was still clearly going to be a long-term project.

Grange Park is a one form entry primary school set in the centre of Sunderland. The school population is varied and has a range of needs. Like the majority of mainstream schools now, levels of SEND, anxiety and mental health needs are at an all-time high. Knowing this, I wanted to ensure that the provision provided in our school was going to provide a long term, quality solution so that the school community could thrive with as little external agency intervention, unless absolutely necessary.

I engaged with Blue to implement a whole school approach that could deliver a wholly restorative approach to our children's wellbeing.

I wanted to ensure that the provision provided in our school was going to provide a long term, quality solution



Step One for me was to provide training for the entire workforce in mental health and wellbeing via Blue. I firmly believed that in order to deliver the best support for the children, we as a team of adults needed to know more about mental health. Specifically, we needed to be able to identify mental health issues early, and know how to intervene effectively.

Once we'd had the benefit of this training, we wrote a new whole school policy around mental health. We then invested in the myHappyMind programme where our students engaged with a wonderful spiral curriculum that complimented the training we'd had from Blue.

I firmly believed that in order to deliver the best support for the children, we as a team of adults needed to know more about mental health.

Children across school can share that they understand how their brain works; knowing how the fight or flight response impacts them and feel reassured that the majority of what they are experiencing is common and manageable.

The results of this two-pronged approach have been significant. Our school has become an example of what you can achieve when you invest in mental health provision. I now host regular mental health forums for colleagues who are facing the same challenges in their own schools. We've seen a significant reduction in the number of children referred to CAMHS and other services. We've also seen a number of parents come to the gates and ask for support with their own mental health as the children have grown more skilled at communicating their feelings.

We've seen a significant reduction in the number of children referred to CAMHS and other services.

A whole-school approach to mental health and wellbeing is based on a foundation of staff training. If the adults in school don't feel confident and skilled in mental health, how can we expect them to model that to the children?

Blue Mental Health for Schools gives adults the toolkit to identify possible mental health issues and intervene early. In our course, we provide adults with the theory behind cognitive behavioural therapy in a way that is accessible, interactive and engaging. We then offer a wide range of practical tips and guidance on how to apply that knowledge in a school setting.

Finally we lay out the 8 pillars of a whole-school approach and how to implement them in your school.

Blue Mental Health Solutions is a partnership between Blue Education and Training, and NTH Solutions, an NHS company. Revenue generated from the course is reinvested back into the NHS.

Health and Corporate Resources OSP – Work Programme 2024/25

Meeting dates: 27th June 2024, 24th October 2024, 13th February 2024

| Date Added | Lead Officer | Title | Description | Scrutiny/ Overview | Proposed Committee Date | Include in 2025/26 Work Programme | On Agenda 2024/25 or Briefing Note |
|-------------------|----------------------------------|--|--|--|--|--|---|
| | Steve Gore | Integrated Performance Report | Quarterly Benchmarking Report | Scrutiny (Councillors to submit queries in advance of the meeting) | 27 th June 2024 24 th October 2024 13 th Feb 2025 | Yes | yes |
| | Director of Public Health | HWBB Annual Report | Annual Report from Health and Wellbeing Board and JSNA | Overview | 27 th June 2024 | Yes | yes |
| | Nicola Botterill | St Benedicts House – 196/198 Church Road, Nuneaton | To receive financial information and final outturn figures for the Housing Revenue Account property, St Benedicts House, Church Road | Scrutiny | 27 th June 2024 | No | yes |
| | Martyn Harris / Matthew Wallbank | Youth Council | To look at a request to involve young people within the Council | Overview | 24 th October 2024 | No | Yes |
| | Ruth Bartlett | Attendance Management Report | Annual report updating Members on previous year's performance and concerns. | Scrutiny | 24 th October 2024 | Yes | Yes |
| Dec 2019 | Maria Bailey / Vicki Summerfield | Capital Strategy and Asset Management Plan | The new Capital and Asset Strategy and Asset Management Action Plan to be developed for the period 2020 onwards and be brought to the Panel as soon as possible in 2020 for consideration and comment. | Scrutiny | 24 th October 2024 Item Deferred to future meeting | | No |
| | Abu Malek | Gambling | The Panel to see if it is feasible to establish a Working Group to look at and assess the impact of gambling on | Overview | 24 th October 2024 Item Deferred to future | | No |

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|--|--------------------------------------|--------------------------|--|---|--------------------------------|--|--|
| | | | the health and well-being of the residents on Nuneaton and Bedworth. (will require external bodies) | | meeting/briefing note | | |
| | Jamie Lees / Vicki Summerfield | FOI and Complains Update | Monitor the numbers and response rates at a departmental level | All member briefing (information may be moved to Performance Integrated Report and so this item may be removed) | 13 th February 2025 | | |
| | Chris Bain/Carla Searle | Healthwatch | The concerns and priorities for Healthwatch | Overview | 13 th February 2025 | | |
| | GEH/ Jenni Northcote/ Samantha Young | George Eliot Hospital | Update presentation from the GEH on the current services, funding situation and challenges, including mortality rates in relation to coronary heart disease. | Overview | 13 th February 2025 | | |