Lisburn & Castlereagh City Council

Civic Headquarters
Lagan Valley Island
Lisburn BT27 4RL

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September 3rd, 2026

Chairman: Councillor M McKeever

Vice-Chairman: Mr E Jardine, Independent Member

Aldermen: O Gawith, A Grehan, S P Porter and J Tinsley

Councillors: J Bamford, D Bassett, S Burns, D J Craig, A P Ewing, J Gallen, D Lynch, R McLernon, B Magee and A Martin

Ex Officio: The Right Worshipful the Mayor, Councillor B Higginson

Deputy Mayor, Alderman A McIntyre

Notice Of Meeting

A meeting of the Governance and Audit Committee will be held on **Thursday, 10th September 2026** at **6:00 pm** for the transaction of business on the undernoted Agenda.

David Burns
Chief Executive

Agenda

1.0 APOLOGIES

2.0 DECLARATIONS OF MEMBERS' INTERESTS

(i) conflict of interest on any matter before the meeting (Members to confirm the specific item)
(ii) pecuniary or non-pecuniary interest (Member to complete disclosure of interest form)

Attachment: Disclosure of Interests form Sept 24.pdf ***Page 1***

3.0 REPORT BY HEAD OF HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT

3.1 Customer Care Feedback - Q1 2026-27

For Noting

Attachment: Item 3.1 - Cover Report - Customer Care Feedback Q1.pdf ***Page 3***

Attachment: Item 3.1 - Appendix I - Customer Care Complaints Compliments Qtr 1 2026.pdf ***Page 5***

3.2 Q1 Performance Improvement Monitoring

For Noting

Attachment: Item 3.2 - Cover Report - Q1 Performance monitoring.pdf ***Page 9***

Attachment: Item 3.2 - Appendix I - Quarter 1 Monitoring.pdf ***Page 11***

Attachment: Item 3.2 - Appendix II Q1 KPIs.pdf ***Page 17***

Attachment: Item 3.2 - Appendix III - Q1 Corporate Plan KPIs.pdf ***Page 30***

3.3 Performance Improvement Report 2025/26

For Decision

Attachment: Item 3.3 - Cover Report - PI Self Assessment Report 2025 26.pdf ***Page 39***

Attachment: Item 3.3 - Appendix I - Draft Performance Improvement Report for 2025-26.pdf ***Page 40***

4.0 REPORT BY HEAD OF ENVIRONMENTAL HEALTH, RISK AND EMERGENCY PLANNING

4.1 Corporate Risk Register

For Noting

Attachment: Item 4.1 Corporate Risk Register Report Sep 26.pdf ***Page 99***

Attachment: Item 4.1 Appendix I - Corporate Risk Register.pdf ***Page 101***

4.2 CRR 002 Emergency Planning Deep Dive report

For Noting

Attachment: Item 4.2 CRR 002 Emergency Planning Deep Dive Report Sep 26.pdf ***Page 102***

Attachment: Item 4.2 Appendix I - Emergency Planning Deep Dive CRR 002.pdf ***Page 104***

5.0 REPORT BY INTERNAL AUDIT MANAGER

5.1 Draft Internal Audit Charter

For Approval

Attachment: Item 5.1 - Cover Report - Internal Audit Charter.pdf ***Page 116***

Attachment: Item 5.1 - Appendix 1a - Draft Internal Audit Charter.pdf ***Page 118***

Attachment: Item 5.1 - Appendix 1b - Draft Tracked Changed Internal Audit Charter.pdf ***Page 132***

6.0 CONFIDENTIAL BUSINESS - "IN COMMITTEE"

6.1 CONFIDENTIAL REPORT BY INTERNAL AUDIT MANAGER

6.1.1 Internal Audit Progress Report

For Noting

Confidential due to containing information relating to the financial or business affairs of any particular person (including the Council holding that information).

7.0 ANY OTHER BUSINESS

LISBURN & CASTLEREAGH CITY COUNCIL

MEMBERS DISCLOSURE OF INTERESTS

1. **Pecuniary Interests**

The Northern Ireland Local Government Code of Conduct for Councillors under Section 6 requires you to declare at the relevant meeting any pecuniary interest that you may have in any matter coming before any meeting of your Council.

Pecuniary (or financial) interests are those where the decision to be taken could financially benefit or financially disadvantage either you or a member of your close family. A member of your close family is defined as at least your spouse, live-in partner, parent, child, brother, sister and the spouses of any of these. Members may wish to be more prudent by extending that list to include grandparents, uncles, aunts, nephews, nieces or even close friends.

This information will be recorded in a Statutory Register. On such matters **you must not speak or vote**. Subject to the provisions of Sections 6.5 to 6.11 of the Code, if such a matter is to be discussed by your Council, **you must withdraw from the meeting whilst that matter is being discussed.**

2. **Private or Personal Non-Pecuniary Interests**

In addition you must also declare any significant private or personal non-pecuniary interest in a matter arising at a Council meeting (please see also Sections 5.2 and 5.6 and 5.8 of the Code).

Significant private or personal non-pecuniary (membership) interests are those which do not financially benefit or financially disadvantage you or a member of your close family directly, but nonetheless, so significant that could be considered as being likely to influence your decision.

Subject to the provisions of Sections 6.5 to 6.11 of the Code, you must declare this interest as soon as it becomes apparent and **you must withdraw from any Council meeting (including committee or sub-committee meetings) when this matter is being discussed**.

In respect of each of these, please complete the form below as necessary.

Pecuniary Interests

Meeting (Council or Committee - please specify and name):

_____

Date of Meeting: _____

Item(s) in which you must declare an interest (please specify item number from report):

_____

Nature of Pecuniary Interest:

Private or Personal Non-Pecuniary Interests

Meeting (Council or Committee - please specify and name):

_____

Date of Meeting: _____

Item(s) in which you must declare an interest (please specify item number from report):

_____

Nature of Private or Personal Non-Pecuniary Interest:

Name: Address:

Signed:	Date:

If you have any queries please contact David Burns, Chief Executive, Lisburn & Castlereagh City Council

Lisburn & Castlereagh City Council

Committee:	Governance & Audit Committee
Date:	10th September 2026
Report from:	Head of Service HR & OD (Prepared by Performance Improvement Officer)

Item for:	Noting
Subject:	Customer Care Feedback – Q1 2026/27

1.0 **Background and Key Issues:**

1.1 Council aims to provide an effective and efficient service to all its ratepayers and customers.

1.2 Compliments and complaints are captured on the Council's Customer Care System. Complaints are dealt with through the Council's complaints handling procedure.

1.3 **Appendix I** is a dashboard report which details the key data regarding complaints and compliments in Quarter 1 (April - June inclusive) of 2026/27.

1.4 Environmental Services and Leisure & Community Wellbeing continue to receive most complaints.

1.5 Within Environmental Services the main reasons for complaints were the Bryson House Contract and other waste collections and street cleansing. The main areas for complaints received within Leisure & Community Wellbeing were related to toilets, litter bins and playparks/facilities.

1.6 Of the 204 complaints received, approx. 12% were upheld with a further 11% upheld in part. Almost 56% were resolved before any formal complaint was progressed. 4 complaints were escalated to stage 2 (Director). All stage 2 complaints that were closed during Q1 had outcomes as being not upheld.

1.7 No complaints were escalated to stage 3 (NIPSO) during the quarter.

1.8 The response rate was 8% to the Customer Satisfaction Survey in Q1 with the average rating given as excellent.

1.9 Complaints covered several service areas, with key learning focused on improving communication, operational checks, accessibility, staff reminders and forward planning. Main areas for improvement included park and facility access, inspections, repairs, signage, bin placement, litter bin capacity, vehicle resilience, customer service standards and missed inspections. Actions identified include stronger service checks, clearer visitor and customer information, better contingency planning, refresher training and additional oversight to help prevent repeat issues.

1.10 There was no requirement to amend any policy because of complaints received.

1.11 The good practice noted from **compliments** related to customer service with staff going above and beyond their roles in a number of areas such as; Operational Services, Building Control, Parks & Amenities, Centre Management and Planning.

1.12 Compliments relating to good practice was also acknowledged in relation to the running of events, conferences as well as customer service across the Council.

2.0 **Recommendation:**

It is recommended that Members note the report.

3.0	**Finance and Resource Implications** N/A	
4.0	**Equality/Good Relations and Rural Needs Impact Assessments**	
4.1	Has an equality and good relations screening been carried out?	No
4.2	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out	No – not applicable as this is an update report.
4.3	Has a Rural Needs Impact Assessment (RNIA) been completed?	No
4.4	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out.	No – not applicable as this is an update report.

Appendices:	**Appendix I** - Customer Care Qtr 1 2026

CUSTOMER CARE COMPLAINTS AND COMPLIMENTS BREAKDOWN FOR QTR 1 2026

240
Total Cases

115
Cases Resolved at an Early Stage

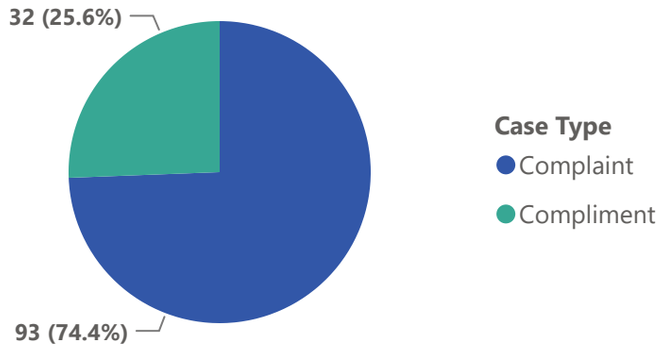
93
Total Complaints

89
Stage 1 Complaints

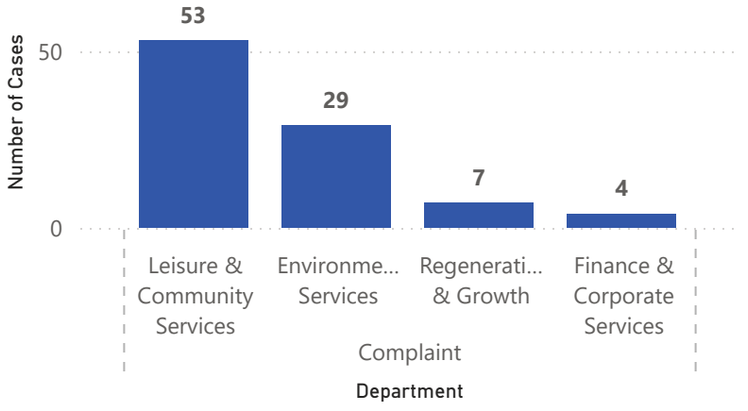
4
Stage 2 Complaints

32
Total Compliments

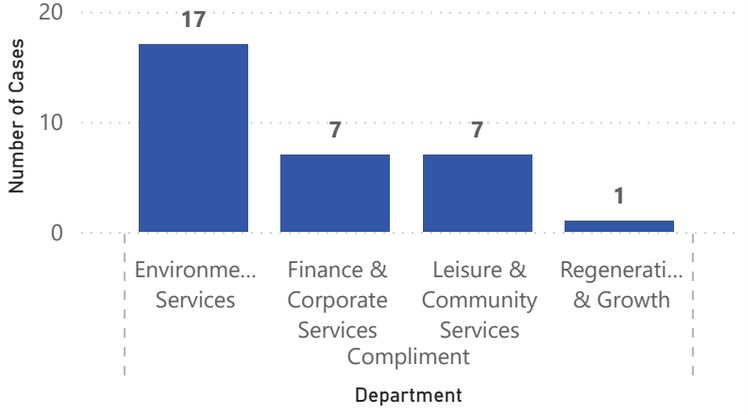
Case Type Distribution



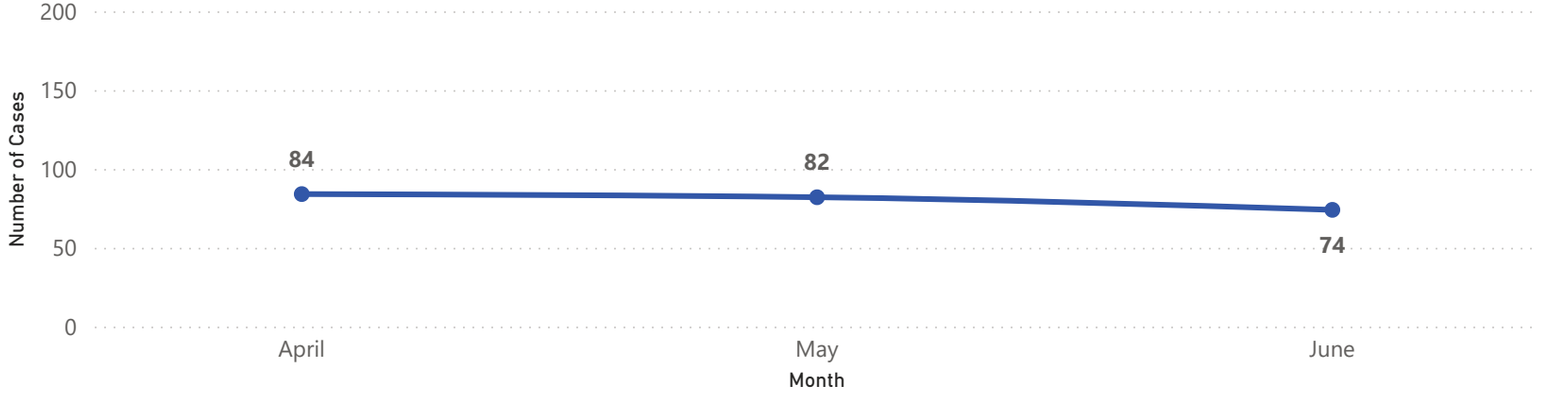
Complaint Case Types by Department



Compliment Case Types by Department



Cases Submitted Over Time



3
Extended Cases

8
Late Cases

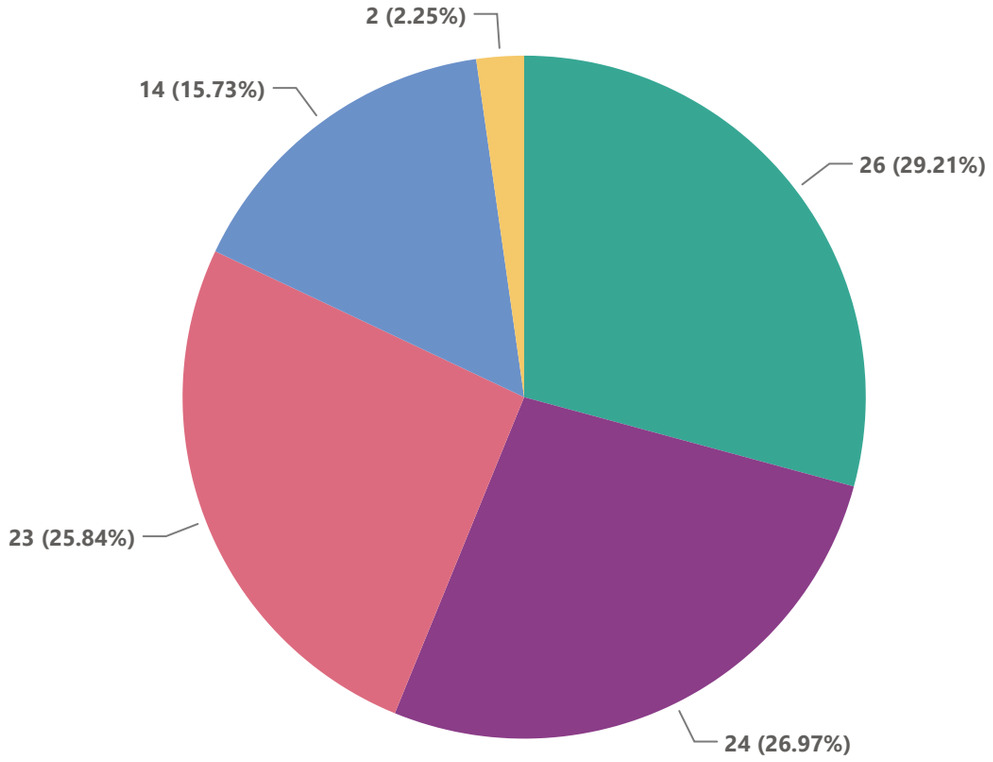
CUSTOMER CARE STAGE 1 COMPLAINT OUTCOMES FOR QTR 1 2026

89

Total Cases

Complaint Outcomes

Response Outcome Complaint not upheld Complaint upheld in full Complaint upheld in part Redacted Outcome Withdrawn



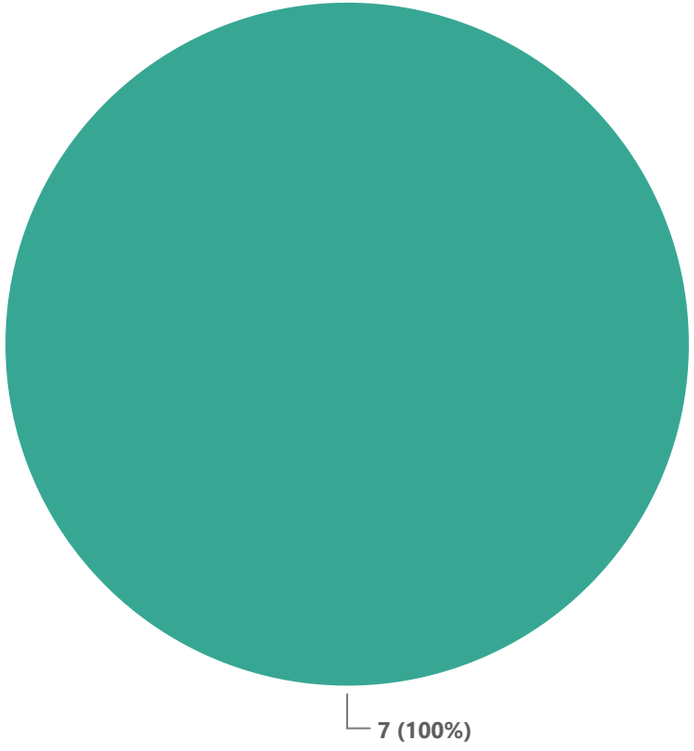
CUSTOMER CARE STAGE 2 COMPLAINT OUTCOMES FOR QTR 1 2026

7

Total Cases

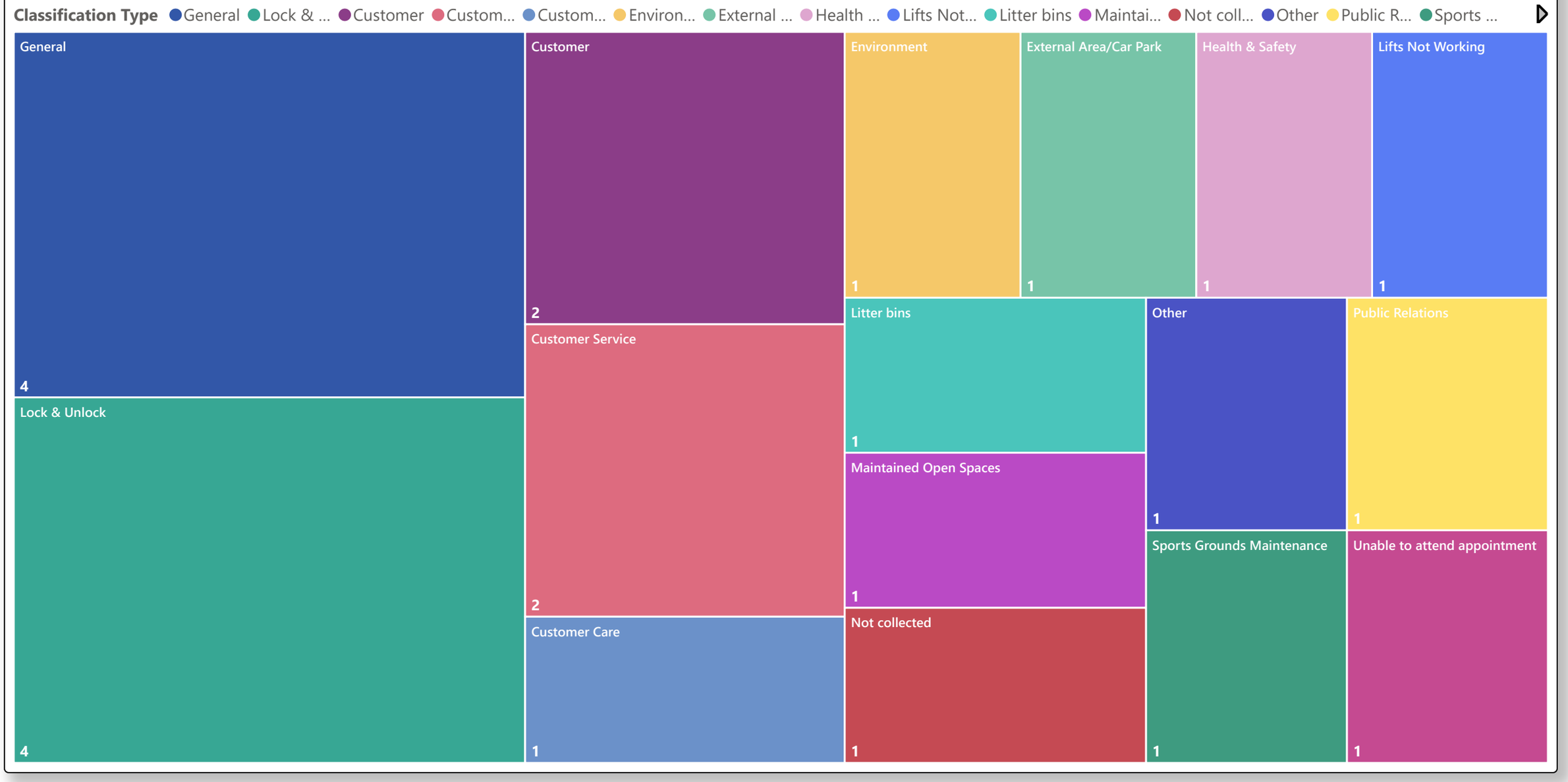
Complaint Outcomes

Response Outcome Complaint not upheld



CUSTOMER CARE STAGE 1 & 2 FULLY UPHELD COMPLAINT OUTCOMES FOR QTR 1 2026

Complaint Outcomes Upheld in Full by Classification Type



Lisburn & Castlereagh City Council

Committee:	Governance & Audit Committee
Date:	10th September 2026
Report from:	Head of Service HR & OD (Prepared by Performance Improvement Officer)

Item for:	Noting
Subject:	Q1 Performance Improvement Monitoring

1.0 **Background and Key Issues:**

1.1 As part of Council's performance management responsibilities, monitoring reports on all the projects that will demonstrate improvement against the Performance Improvement Objectives as well as Performance and Corporate Plan key performance indicators (KPIs) are reported on a quarterly basis to this committee, to ensure accountability and transparency.

1.2 Attached under **Appendix I**, is a quarterly monitoring document on all the projects that will demonstrate improvement against the 2026/27 Performance Improvement Objectives, including the relevant Performance Improvement KPI. Please note the additional section within this report, which details case studies, photographs and customer feedback that have demonstrated improvement during Quarter 1. This report covers the period April - June inclusive of 2026/27.

1.3 Attached under **Appendix II** is a report from the 'Performance Management System' which details the Performance Improvement Key Performance Indicators (KPIs) results for the period Quarter 1 (April - June inclusive) of 2026/27.

1.4 This appendix shows the quarterly progress during the 2026/27 financial year, enabling a comparative view as the year progresses. It also shows a more visual format focused on the current reporting period.

1.5 There are 41 Performance Indicators for the 2026/27 financial year. 35 KPIs were achieved at the end of Q1, 2 KPIs were not achieved and 1 had fallen slightly short of the target. The remaining 3 KPIs are not due to be populated until later in the year.

1.6 The KPIs not achieved or below target have explanations in the notes section of **Appendix II.**

1.7 Attached under **Appendix III** is a report from the 'Performance Management System' which details the Corporate Plan Key Performance Indicators (KPIs) results for the period Quarter 1 (April - June inclusive) of 2026/27. This appendix shows the quarterly progress during the 2026/27 financial year, enabling a comparative view as the year progresses. It also shows a more visual format focused on the current reporting period.

1.8 There were 20 Corporate Plan Indicators for the 2026/27 financial year. 16 KPIs were achieved at the end of Q1, 1 KPI was not achieved, 2 had fallen slightly short of the target. The remaining 1 KPI is not due to be populated until later in the year.

1.9 The KPIs not achieved or below target have explanations in the notes section of **Appendix III.**

2.0 **Recommendation**

It is recommended that Members note the report.

3.0 **Finance and Resource Implications**

None.

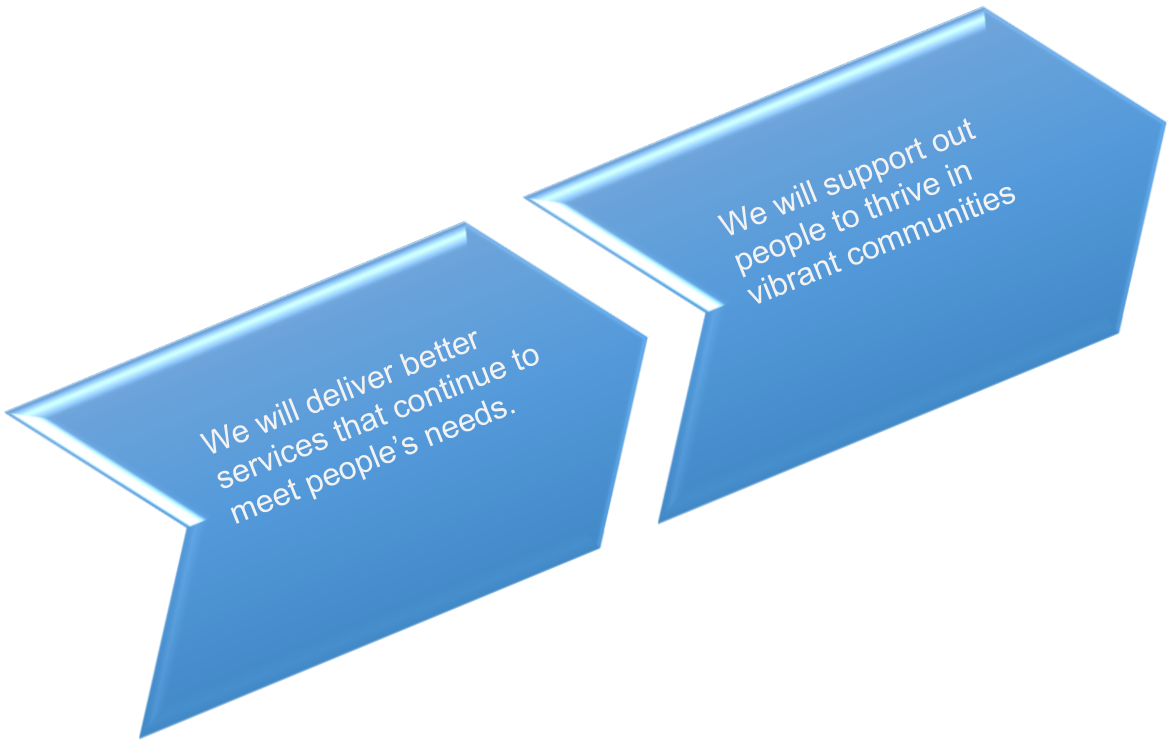
4.0	**Equality/Good Relations and Rural Needs Impact Assessments**	
4.1	Has an equality and good relations screening been carried out?	No
4.2	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out.	No – not applicable as the purpose of this report is to provide performance data.
4.3	Has a Rural Needs Impact Assessment (RNIA) been completed?	No
4.4	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out.	No – not applicable as the purpose of this report is to provide performance data.

Appendices:	**Appendix I** - Quarter 1 Monitoring **Appendix II** - Q1 PI KPIs Detailed & Summary **Appendix III** - Q1 Corporate Plan KPIs Detailed & Summary

Lisburn & Castlereagh City Council

Performance Improvement Objectives 2026/27

Update Report Quarter 1, 2026/27



Performance Improvement Objective (1)

We will deliver better services that continue to meet people's needs.

Project 1: We will continue to improve the processing times of planning applications	
Success Measures • Implementation of the validation checklist by end of Q2 • Proportion of invalid applications returned within 5 working days Q3-75%, Q4-90% • Reduce the % of older applications that are more 18 months old (*based on 191 older applications as at 31st March 2026 TBC) Q1 – 20%, Q2 – 40%, Q3 -70%, Q4 - 90% • Local planning applications processed within an average of 22.5 weeks. Q1 – 30, Q2 – 27.5, Q3 – 22.5, Q4 – 20	**Quarterly Update: Targets partially met** • On target to complete this by the end of Q2 • Proportion of invalid applications will not be measured in Q3&Q4 • 18.3%, target missed by 1.7% and there remains a focus on dealing with older applications and it is anticipated that we will recover this position in future quarters. • 18.3 weeks, continued improvement on the processing of local applications.
Impact: Continued improvement being made on the processing of local applications and there remains a focus on dealing with older applications.	

Project 2: We will deliver enhanced digitised services	
Success Measures <u>Innovation</u> Enhancement of customer digital platforms to improve customer experience. Eg digital depot. • Q1 Project Implementation Officer in post • Q1 Delivery of digital equipment. • Q2 Implementation of digital depot. • Q3 Implementation & Training of staff. • Q4 Digital Depot 'Go Live'. <u>Tourism</u> Enhance the existing Digital Sculpture Trail App (currently focused on Hillsborough Forest) to cover the wider Royal Hillsborough village, including curated routes, added attractions and visitor information linked to key assets such as Hillsborough Castle. Introduce an incentives/voucher feature with local businesses (attractions, accommodation, eateries) to encourage visitors to spend more time in the village and increase local spend. Quarterly KPIs: Increase in number of downloads • Q1: app enhancement procurement stage • Q2: 10% increase • Q3: 15% increase • Q4: 20% increase Percentage users from Out of State markets • Q1: app enhancement procurement stage • Q2: 5%	**Quarterly Update: Targets met** <u>Innovation</u> The Project Officer has been in post since 1st March 2026. The tablets arrived on 19th March 2026 and installation commenced on 24th June 2026 and is currently ongoing. <u>Tourism</u> Q1 activity has focused on procurement and early delivery of the enhanced Digital Sculpture Trail. A contractor has been commissioned to install new signage at each sculpture and develop a new AR/VR experience linking the car park to the Hare sculpture. Supporting upgrades are underway, including new camera equipment to capture updated imagery and trail content for integration with Google Maps. Visitor Information Centre staff are engaging local businesses to develop a discounts scheme for App users completing the trail. Work is progressing to expand the App across the wider village and attractions. Events information has

• Q3: 10% • Q4: 15% Voucher uptake and redemptions • Q1: app enhancement procurement stage • Q2: 0 • Q3: 5 • Q4: 10	been updated, and baseline visitor usage is being monitored. A targeted marketing campaign will follow completion to drive uptake and increase visitor dwell time.
Impact	

Project 3: We will deliver new improved facilities at Aghalee Sports Pavillion and SEYCON as standard design concepts	
Success Measures Assets We will deliver new changing room facilities and accessible public toilets in Aghalee. • Q1 Project will be tendered. • Q2 Tenders returned, evaluated, awarded and commencement on site. • Q3 On site. • Q4 Practical completion. We will deliver new changing room facilities at SEYCON • Q1 Preparation of detailed design. • Q2 Finalising detailed design and tender documents. • Q3 Project tendered, returned, evaluated, and awarded. • Q4 Commencement on site.	**Quarterly Update**: **Targets partially met** We encountered a wastewater disposal issue that had to be further investigated leading to a delay in tendering. This will have a knock-on effect for both projects, although we will endeavour to claw back lost time.
Impact	

Performance Improvement Objective (2)

We will support our people to thrive in vibrant communities

Project 1: We will launch a volunteering scheme engaging people of all backgrounds and increasing the level of residents who play an active role in civic society.	
Success Measures Communities Volunteering Programme for Community & Voluntary Sector • Q1 Development of programme with 'Volunteer Now' & Community Planning partners • Q2 Supporting the recruitment of volunteers in the Community & Voluntary sector • Q3 Training of volunteers through a capacity building programme • Q4 Host a volunteering & community benefit roadshow celebrating volunteering & showcasing opportunities within our communities HR&OD Volunteering Scheme for Staff • Q3 Implement staff volunteering scheme (by end of Q3) • Q4 Baseline participation in volunteering scheme (by end of Q4)	**Quarterly Update:** **Targets met** Communities Mapping of roles complete along with draft of programme. HR&OD Policy development is progressing in accordance with target timelines, ahead of planned implementation in Q3.
Impact See case study below	

Case Study

Volunteers week events held in Lisburn & Castlereagh with 68 people in attendance across both events. These events provided an opportunity to baseline volunteers needs and opinions whilst working with Volunteer Now to develop an approach for the delivery of the programme.

Project 2: Our communities have engaged with expanded Council-supported safety initiatives which protect the most vulnerable in our society	
Success Measure Communities EVAWG (ending violence against women and girls) initiatives. • Q1 Design & develop programme • Q2 Launch programme • Q3 Implementation of programme • Q4 Review & monitoring Sport Services Defib provision and training provided to community hubs. • Q1 Develop programme • Q2 Launch, advertise & assess need • Q3 Implementation of programme • Q4 Training provided & roll out of defibs	**Quarterly Update: Targets met** Communities Draft programme developed and key partner meetings completed Sport Services Draft programme complete.

Project 3: We will provide additional opportunities and widen the Health & Wellbeing programme through the PARS initiative.	
Success Measure Sport Services PARS Programme • Q1 Identify additional opportunities • Q2 Promotion and awareness of PARS • Q3 Practical implementation • Q4 Evaluation (testimonies)	**Quarterly Update: Targets met** A review was undertaken of waiting list volume, targets, and available resources. To increase opportunities to access, a stretch target has been proposed which aims to open the PARS programme up to an additional 100 participants. Q1 Statistics • 285 referrals • 102 enrolled • 81 completers Early discussions held relating to pathways post-PARS and potential future development with the Dundonald Ice Bowl redevelopment opening. This will be explored further. Marketing and Corporate Communications teams have been engaged to support improved awareness and access information relating to PARS and wider Health & Wellbeing offering. This will continue into Q2.
Impact – see casestudy below:	

Case Studies:

There has been a lot of feedback on the various classes delivered through the Health & Wellbeing Programme, below is an example of some this feedback and it specifically mentions one of the PARS team.

Well organised and Laura keeps us right with the way we do the exercises. She is fabulous and encourages us as we go along.

Project 4: We will engage with community groups to improve community resilience across the Council area	
Success Measures Environmental Health Emergency planning - building resilient communities. (Dundonald / Anahilt) Building capacity within these communities to respond to emergencies. • Installation of community support facility to enable communities to be first responders. Work in partnership with our statutory partners eg DfI rivers to increase resilience of local community.	**Quarterly Update: Targets met** One of our success measures in improving community resilience is the Installation of a community support facility, what we mean by this is “installation of sandbag storage containers to improve community resilience and preparedness”. Council procured sandbag storage containers and sandbags for a number of community distribution points across the district, including: Hillsborough, Glenavy, Aberdelghy Golf Course, Lagan Valley LeisurePlex, and Lough Moss Leisure Centre. LCCC installed the concrete plinths in Anahilt and DfI provided the container and sandbags for this location. A multi-agency meeting of the Dromara Community Resilience Group was held on 13 April 2026, attended by representatives from the Northern Ireland Housing Executive (NIHE), DfI Rivers, DfI Roads, Lisburn & Castlereagh City Council Community Services and local Elected Members. The meeting provided an opportunity to review flooding concerns within the area and agree a series of actions aimed at improving community resilience and preparedness, one of which is engaging in the new Building Resilience In Communities (BRIC) Project, introduced to increase resilience within local communities.
Impact Sand bunker**s** are procured and should be sited by mid Sept. Therefore**,** no photos available at this stage.	

Department :

(Type = 'Performance Improvement')

Monday 10th of August 2026

Planning & Capital Development

148 : Older Applications Reduce the % of older applications that are more 18 months old

Reduce the % of older applications that are more 18 months old (*based on 191 older applications as at 31st March 2026)

	Jul 26	Oct 26	Jan 27	Apr 27
Target	20%	40%	70%	90%
Actual	18.3% * 1	—	—	—

Notes:

1 target missed by 1.7% and there remains a focus on dealing with older applications and it is anticipated that we will recover this position in future quarters.

234 : Local Applications (Internal KPI) Average processing time for local planning applications. (Processed from date valid to decision issued or withdrawn within an average of 22.5 weeks)

Reduce the average processing times to 22.5 weeks by year end.

	Jul 26	Oct 26	Jan 27	Apr 27
Target	30	27.5	22.5	20
Actual	18.3 * 1	—	—	—

Notes:

1 Continued improvement on the processing of local applications.

235 : Planning Service Improvement Programme Monitoring the implementation of the Planning Service Improvement Programme during 25/26

Implementation of the validation checklist

	Jul 26	Oct 26	Jan 27	Apr 27
Target	No	Yes	Yes	Yes
Actual	No	—	—	—

Proportion of invalid applications returned within 5 working days Q3 75% Q4 90%

	Jul 26	Oct 26	Jan 27	Apr 27
Target	0%	0%	75%	90%
Actual	0%	—	—	—

HR&OD

279 : Volunteering Volunteer Policy for staff developed, agreed and implemented.

Volunteer Policy developed and agreed by end Q3

	Jul 26	Oct 26	Jan 27	Apr 27
Target	No	No	Yes	Yes
Actual	No	—	—	—

Implement staff volunteering scheme

	Jul 26	Oct 26	Jan 27	Apr 27
Target	No	No	Yes	Yes
Actual	No	—	—	—

Baseline participation in Volunteering scheme by end Q4

	Apr 27
Target	Yes
Actual	—

Innovation

290 : Enhancement of customer digital platforms Improving customer experience

		Jul 26	Oct 26	Jan 27	Apr 27
Digital depot - project implementation officer in post	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	—	—	—
Notes:	1 Project Officer has been in post since 01/03/2026				
Digital depot - delivery of digital equipment	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	—	—	—
Notes:	1 Tablets arrived on 19/03/2026 and installation commenced on 24/06/2026 and is ongoing				
Digital depot - implementation of digital depot	Target	No	Yes	Yes	Yes
	Actual	No	—	—	—
Digital depot - implementation and training of staff	Target	No	No	Yes	Yes
	Actual	No	—	—	—
Digital depot go live		Apr 27			
	Target	Yes			
	Actual	—			

Communities

291 : Volunteering Programme for Community & Voluntary sector

		Jul 26	Oct 26	Jan 27	Apr 27
Development of programme with 'Volunteer Now' & Community Planning partners	Target	Yes	Yes	Yes	Yes
	Actual	Yes	—	—	—
Supporting the recruitment of volunteers in the Community & Voluntary sector	Target	No	Yes	Yes	Yes
	Actual	No	—	—	—
Training of volunteers through a capacity building programme	Target	No	No	Yes	Yes
	Actual	No	—	—	—
Host a volunteering & community benefit roadshow celebrating volunteering & showcasing opportunities within our communities	Target	No	No	No	Yes
	Actual	No	—	—	—

292 : Council supported safety initiatives EVAWG (Ending violence against women & girls)

		Jul 26	Oct 26	Jan 27	Apr 27
Design & Develop programme for EVAWG initiatives (Ending violence against women & girls)	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	—	—	—
Notes:	1 While the project remains in the planning phase pending receipt of a formal letter of offer and budget confirmation, officers have proactively maintained momentum by engaging with key partners, including PSNI, Women's Aid and White Ribbon. These discussions have helped identify shared priorities and ensure the project is well positioned for delivery once funding is confirmed.				
Launch EVAWG programme	Target	No	Yes	Yes	Yes
	Actual	No	—	—	—

		Jul 26	Oct 26	Jan 27	Apr 27
Implement EVAWG programme	Target	No	No	Yes	Yes
	Actual	No	—	—	—
Review & monitor the EVAWG programme	Target	No	No	No	Yes
	Actual	No	—	—	—

Sports Services

294 : Defibrillators Provision and training provided to community hubs (joint initiative with Communities)

		Jul 26	Oct 26	Jan 27	Apr 27
Develop Defibrillator programme	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	—	—	—

Notes:

1 During Q1 project planning was undertaken with budget and project scope identified and approved. The funding parameters and application are confirmed with launch and advertisement works in progress and on target for Q2.

		Jul 26	Oct 26	Jan 27	Apr 27
Launch, advertise and assess need for Defibrillators	Target	No	Yes	Yes	Yes
	Actual	No	—	—	—
Implementation of Defibrillators programme	Target	No	No	Yes	Yes
	Actual	No	—	—	—
Defibrillators training provided & roll out of defib equipment	Target	No	No	No	Yes
	Actual	No	—	—	—

295 : Expansion of the Health & Wellbeing programme through the PARS initiative

		Jul 26	Oct 26	Jan 27	Apr 27
Identify additional opportunities for the PARS programme	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	—	—	—

Notes:

1 A review was undertaken of waiting list volume, targets, and available resources. To increase opportunities to access, a stretch target has been proposed which aims to open the PARS programme up to an additional 100 participants.

		Jul 26	Oct 26	Jan 27	Apr 27
Promotion & awareness of the PARS programme	Target	No	Yes	Yes	Yes
	Actual	No	—	—	—
Practical implementation of the PARS programme	Target	No	No	Yes	Yes
	Actual	No	—	—	—

		Apr 27
Evaluation of the PARS programme	Target	Yes
	Actual	—

Environmental Health, Risk & Emergency Planning

296 : Community resilience Building resilient communities in Dundonald & Anahilt

		Jul 26	Oct 26	Jan 27	Apr 27
Provision of community support to enable communities to respond to emergencies	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	—	—	—

Notes:	1 Council procured sandbag storage containers and sandbags for a number of community distribution points across the district, including: Hillsborough, Glenavy, Aberdelghy Golf Course, Lagan Valley LeisurePlex, Lough Moss Leisure Centre and Anahilt.				
Work in partnership with our statutory partners eg DfI rivers to increase resilience of local community		Jul 26	Oct 26	Jan 27	Apr 27
	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	—	—	—
Notes:	1 A multi-agency meeting of the Dromara Community Resilience Group was held on 13 April 2026, attended by representatives from the Northern Ireland Housing Executive (NIHE), DfI Rivers, DfI Roads, Lisburn & Castlereagh City Council Community Services and local Elected Members. The meeting provided an opportunity to review flooding concerns within the area and agree a series of actions aimed at improving community resilience and preparedness.				

Economic Development

298 : Digital Sculpture Trail Enhancement of App

Measure the number of downloads		Jul 26	Oct 26	Jan 27	Apr 27
	Target	No	Yes	Yes	Yes
	Actual	No * 1	—	—	—
Notes:	1 Q1 activity has focused on procurement and early delivery of the enhanced Digital Sculpture Trail.				
User engagement		Jul 26	Oct 26	Jan 27	Apr 27
	Target	No	Yes	Yes	Yes
	Actual	No	—	—	—
Voucher uptake and redemptions		Jul 26	Oct 26	Jan 27	Apr 27
	Target	No	No	Yes	Yes
	Actual	No * 1	—	—	—
Notes:	1 Visitor Information Centre staff are engaging local businesses to develop a discounts scheme for App users completing the trail.				

Assets

300 : New changing facilities & accessible public toilets Aghalee

Aghalee project tendered		Jul 26	Oct 26	Jan 27	Apr 27
	Target	Yes	Yes	Yes	Yes
	Actual	No * 1	—	—	—
Notes:	1 Procurement approval for tendering was granted 30th July and this will be reflected in Q2.				
Aghalee tenders returned, evaluated and awarded		Jul 26	Oct 26	Jan 27	Apr 27
	Target	No	Yes	Yes	Yes
	Actual	No * 1	—	—	—
Notes:	1 As a consequence of information provided in No 1 above. This should however be awarded in Q3				
Commencement on site at Aghalee.		Jul 26	Oct 26	Jan 27	Apr 27
	Target	No	No	Yes	Yes
	Actual	No * 1	—	—	—

Notes:	**1** Should be able to commence work on site early Q4

	Jul 26	Oct 26	Jan 27	Apr 27
Practical completion of Aghalee				
Target	No	No	No	Yes
Actual	No * 1	—	—	—

Notes:	**1** Due to an anticipated delayed commencement, contractor should be on site early in Q4, however it is unlikely work will be completed in Q4.

301 : New changing facilities Seycon

	Jul 26	Oct 26	Jan 27	Apr 27
Seycon - preparation of detailed design				
Target	Yes	Yes	Yes	Yes
Actual	No * 1	—	—	—

Notes:	**1** Securing of tender agreement in negotiation with Derriaghy football and cricket club, awaiting lease response which will be presented to September R&G Committee. Tender documents will be amended to reflect agreed terms of lease.

	Jul 26	Oct 26	Jan 27	Apr 27
Seycon - finalising detailed design and tender documents				
Target	No	Yes	Yes	Yes
Actual	No	—	—	—

	Jul 26	Oct 26	Jan 27	Apr 27
Seycon project tendered, returned, evaluated and awarded				
Target	No	No	Yes	Yes
Actual	No * 1	—	—	—

Notes:	**1** Anticipated to have tender, evaluated, and awarded in Q4.

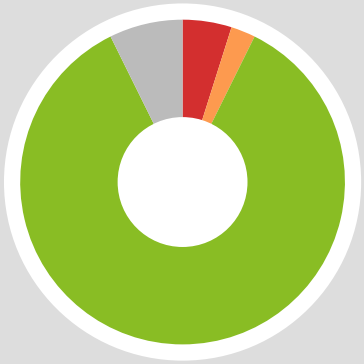
	Jul 26	Oct 26	Jan 27	Apr 27
Commencement on site at Seycon				
Target	No	No	No	Yes
Actual	No * 1	—	—	—

Notes:	**1** It is anticipated that work will commence on site in Q1 of 27-28.

Performance Summary

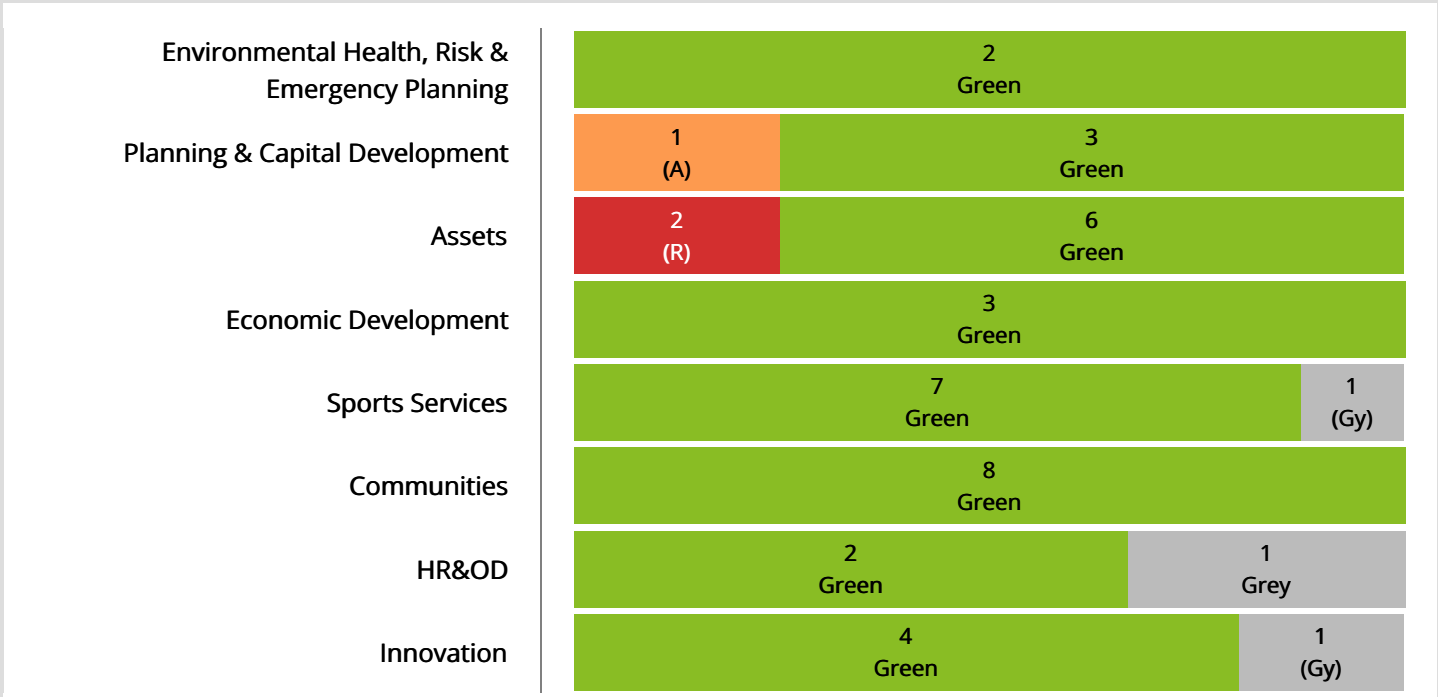
(Type = 'Performance Improvement')

Monday 10th of August 2026



2 Red	1 Amber	35 Green	3 Grey

Red = Target missed or Measure overdue
Amber = Measure fallen slightly short/behind
Green = Target met or exceeded
Grey = Measure not yet due



PLANNING & CAPITAL DEVELOPMENT				DUE 1ST JUL 26
148 : Older Applications Reduce the % of older applications that are more 18 months old: **Reduce the % of older applications that are more 18 months old (*based on 191 older applications as at 31st March 2026)**	TARGET 20%	ACTUAL 18.3%	STATUS Amber	
Notes: target missed by 1.7% and there remains a focus on dealing with older applications and it is anticipated that we will recover this position in future quarters.				

PLANNING & CAPITAL DEVELOPMENT				DUE 1ST JUL 26
234 : Local Applications (Internal KPI) Average processing time for local planning applications. (Processed from date valid to decision issued or withdrawn within an average of 22.5 weeks): **Reduce the average processing times to 22.5 weeks by year end.**	TARGET 30	ACTUAL 18.3	STATUS Green	
Notes: Continued improvement on the processing of local applications.				

PLANNING & CAPITAL DEVELOPMENT				DUE 1ST JUL 26
235 : Planning Service Improvement Programme Monitoring the implementation of the Planning Service Improvement Programme during 25/26: **Implementation of the validation checklist**	TARGET No	ACTUAL No	STATUS Green	
Notes:				

PLANNING & CAPITAL DEVELOPMENT				DUE 1ST JUL 26
235 : Planning Service Improvement Programme Monitoring the implementation of the Planning Service Improvement Programme during 25/26: **Proportion of invalid applications returned within 5 working days Q3 75% Q4 90%**	TARGET 0%	ACTUAL 0%	STATUS Green	
Notes:				

HR&OD				DUE 1ST JUL 26
279 : Volunteering Volunteer Policy for staff developed, agreed and implemented. : **Volunteer Policy developed and agreed by end Q3**	TARGET No	ACTUAL No	STATUS Green	
Notes:				

HR&OD				DUE 1ST JUL 26
279 : Volunteering Volunteer Policy for staff developed, agreed and implemented. : **Implement staff volunteering scheme**	TARGET No	ACTUAL No	STATUS Green	
Notes:				

HR&OD — DUE 1ST APR 27

279 : Volunteering Volunteer Policy for staff developed, agreed and implemented. : **Baseline participation in Volunteering scheme by end Q4**

TARGET	ACTUAL	STATUS
Yes		Grey

Notes:

INNOVATION — DUE 1ST JUL 26

290 : Enhancement of customer digital platforms Improving customer experience : **Digital depot - project implementation officer in post**

TARGET	ACTUAL	STATUS
Yes	Yes	Green

Notes: Project Officer has been in post since 01/03/2026

INNOVATION — DUE 1ST JUL 26

290 : Enhancement of customer digital platforms Improving customer experience : **Digital depot - delivery of digital equipment**

TARGET	ACTUAL	STATUS
Yes	Yes	Green

Notes: Tablets arrived on 19/03/2026 and installation commenced on 24/06/2026 and is ongoing

INNOVATION — DUE 1ST JUL 26

290 : Enhancement of customer digital platforms Improving customer experience : **Digital depot - implementation of digital depot**

TARGET	ACTUAL	STATUS
No	No	Green

Notes:

INNOVATION — DUE 1ST JUL 26

290 : Enhancement of customer digital platforms Improving customer experience : **Digital depot - implementation and training of staff**

TARGET	ACTUAL	STATUS
No	No	Green

Notes:

INNOVATION — DUE 1ST APR 27

290 : Enhancement of customer digital platforms Improving customer experience : **Digital depot go live**

TARGET	ACTUAL	STATUS
Yes		Grey

Notes:

COMMUNITIES — DUE 1ST JUL 26

291 : Volunteering Programme for Community & Voluntary sector: **Development of programme with 'Volunteer Now' & Community Planning partners**

TARGET	ACTUAL	STATUS
Yes	Yes	Green

Notes:

COMMUNITIES			DUE 1ST JUL 26
291 : Volunteering Programme for Community & Voluntary sector: **Supporting the recruitment of volunteers in the Community & Voluntary sector**	TARGET No	ACTUAL No	STATUS Green

Notes:

COMMUNITIES			DUE 1ST JUL 26
291 : Volunteering Programme for Community & Voluntary sector: **Training of volunteers through a capacity building programme**	TARGET No	ACTUAL No	STATUS Green

Notes:

COMMUNITIES			DUE 1ST JUL 26
291 : Volunteering Programme for Community & Voluntary sector: **Host a volunteering & community benefit roadshow celebrating volunteering & showcasing opportunities within our communities**	TARGET No	ACTUAL No	STATUS Green

Notes:

COMMUNITIES			DUE 1ST JUL 26
292 : Council supported safety initiatives EVAWG (Ending violence against women & girls): **Design & Develop programme for EVAWG initiatives (Ending violence against women & girls)**	TARGET Yes	ACTUAL Yes	STATUS Green

Notes: While the project remains in the planning phase pending receipt of a formal letter of offer and budget confirmation, officers have proactively maintained momentum by engaging with key partners, including PSNI, Women's Aid and White Ribbon. These discussions have helped identify shared priorities and ensure the project is well positioned for delivery once funding is confirmed.

COMMUNITIES			DUE 1ST JUL 26
292 : Council supported safety initiatives EVAWG (Ending violence against women & girls): **Launch EVAWG programme**	TARGET No	ACTUAL No	STATUS Green

Notes:

COMMUNITIES			DUE 1ST JUL 26
292 : Council supported safety initiatives EVAWG (Ending violence against women & girls): **Implement EVAWG programme**	TARGET No	ACTUAL No	STATUS Green

Notes:

COMMUNITIES — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
292 : Council supported safety initiatives EVAWG (Ending violence against women & girls): **Review & monitor the EVAWG programme**	No	No	Green

Notes:

SPORTS SERVICES — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
294 : Defibrillators Provision and training provided to community hubs (joint initiative with Communities): **Develop Defibrillator programme**	Yes	Yes	Green

Notes: During Q1 project planning was undertaken with budget and project scope identified and approved. The funding parameters and application are confirmed with launch and advertisement works in progress and on target for Q2.

SPORTS SERVICES — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
294 : Defibrillators Provision and training provided to community hubs (joint initiative with Communities): **Launch, advertise and assess need for Defibrillators**	No	No	Green

Notes:

SPORTS SERVICES — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
294 : Defibrillators Provision and training provided to community hubs (joint initiative with Communities): **Implementation of Defibrillators programme**	No	No	Green

Notes:

SPORTS SERVICES — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
294 : Defibrillators Provision and training provided to community hubs (joint initiative with Communities): **Defibrillators training provided & roll out of defib equipment**	No	No	Green

Notes:

SPORTS SERVICES — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
295 : Expansion of the Health & Wellbeing programme through the PARS initiative: **Identify additional opportunities for the PARS programme**	Yes	Yes	Green

Notes: A review was undertaken of waiting list volume, targets, and available resources. To increase opportunities to access, a stretch target has been proposed which aims to open the PARS programme up to an additional 100 participants.

SPORTS SERVICES			DUE 1ST JUL 26
295 : Expansion of the Health & Wellbeing programme through the PARS initiative: **Promotion & awareness of the PARS programme**	TARGET No	ACTUAL No	STATUS Green

Notes:

SPORTS SERVICES			DUE 1ST JUL 26
295 : Expansion of the Health & Wellbeing programme through the PARS initiative: **Practical implementation of the PARS programme**	TARGET No	ACTUAL No	STATUS Green

Notes:

SPORTS SERVICES			DUE 1ST APR 27
295 : Expansion of the Health & Wellbeing programme through the PARS initiative: **Evaluation of the PARS programme**	TARGET Yes	ACTUAL	STATUS Grey

Notes:

ENVIRONMENTAL HEALTH, RISK & EMERGENCY PLANNING			DUE 1ST JUL 26
296 : Community resilience Building resilient communities in Dundonald & Anahilt: **Provision of community support to enable communities to respond to emergencies**	TARGET Yes	ACTUAL Yes	STATUS Green

Notes: Council procured sandbag storage containers and sandbags for a number of community distribution points across the district, including: Hillsborough, Glenavy, Aberdelghy Golf Course, Lagan Valley LeisurePlex, Lough Moss Leisure Centre and Anahilt.

ENVIRONMENTAL HEALTH, RISK & EMERGENCY PLANNING			DUE 1ST JUL 26
296 : Community resilience Building resilient communities in Dundonald & Anahilt: **Work in partnership with our statutory partners eg Dfl rivers to increase resilience of local community**	TARGET Yes	ACTUAL Yes	STATUS Green

Notes: A multi-agency meeting of the Dromara Community Resilience Group was held on 13 April 2026, attended by representatives from the Northern Ireland Housing Executive (NIHE), Dfl Rivers, Dfl Roads, Lisburn & Castlereagh City Council Community Services and local Elected Members. The meeting provided an opportunity to review flooding concerns within the area and agree a series of actions aimed at improving community resilience and preparedness.

ECONOMIC DEVELOPMENT			DUE 1ST JUL 26
298 : Digital Sculpture Trail Enhancement of App: **Measure the number of downloads**	TARGET No	ACTUAL No	STATUS Green

Notes: Q1 activity has focused on procurement and early delivery of the enhanced Digital Sculpture Trail.

ECONOMIC DEVELOPMENT			DUE 1ST JUL 26
298 : Digital Sculpture Trail Enhancement of App: **User engagement**	TARGET No	ACTUAL No	STATUS Green

Notes:

ECONOMIC DEVELOPMENT			DUE 1ST JUL 26
298 : Digital Sculpture Trail Enhancement of App: **Voucher uptake and redemptions**	TARGET No	ACTUAL No	STATUS Green

Notes: Visitor Information Centre staff are engaging local businesses to develop a discounts scheme for App users completing the trail.

ASSETS			DUE 1ST JUL 26
300 : New changing facilities & accessible public toilets Aghalee : **Aghalee project tendered**	TARGET Yes	ACTUAL No	STATUS Red

Notes: Procurement approval for tendering was granted 30th July and this will be reflected in Q2.

ASSETS			DUE 1ST JUL 26
300 : New changing facilities & accessible public toilets Aghalee : **Aghalee tenders returned, evaluated and awarded**	TARGET No	ACTUAL No	STATUS Green

Notes: As a consequence of information provided in No 1 above. This should however be awarded in Q3

ASSETS			DUE 1ST JUL 26
300 : New changing facilities & accessible public toilets Aghalee : **Commencement on site at Aghalee.**	TARGET No	ACTUAL No	STATUS Green

Notes: Should be able to commence work on site early Q4

ASSETS			DUE 1ST JUL 26
300 : New changing facilities & accessible public toilets Aghalee : **Practical completion of Aghalee**	TARGET No	ACTUAL No	STATUS Green

Notes: Due to an anticipated delayed commencement, contractor should be on site early in Q4, however it is unlikely work will be completed in Q4.

ASSETS — DUE 1ST JUL 26

301 : New changing facilities Seycon: **Seycon - preparation of detailed design**

TARGET	ACTUAL	STATUS
Yes	No	Red

Notes: Securing of tender agreement in negotiation with Derriaghy football and cricket club, awaiting lease response which will be presented to September R&G Committee. Tender documents will be amended to reflect agreed terms of lease.

ASSETS — DUE 1ST JUL 26

301 : New changing facilities Seycon: **Seycon - finalising detailed design and tender documents**

TARGET	ACTUAL	STATUS
No	No	Green

Notes:

ASSETS — DUE 1ST JUL 26

301 : New changing facilities Seycon: **Seycon project tendered, returned, evaluated and awarded**

TARGET	ACTUAL	STATUS
No	No	Green

Notes: Anticipated to have tender, evaluated, and awarded in Q4.

ASSETS — DUE 1ST JUL 26

301 : New changing facilities Seycon: **Commencement on site at Seycon**

TARGET	ACTUAL	STATUS
No	No	Green

Notes: It is anticipated that work will commence on site in Q1 of 27-28.

Department :

(Type = 'Corporate Plan')

Thursday 3rd of September 2026

Finance

16 : Finance Stat KPI - Prompt Payment Indicators

Percentage supplier invoices paid within 30 Days

	Jul 26	Oct 26	Jan 27	Apr 27
Target	100%	100%	100%	100%
Actual	95.8% * 1	—	—	—

Notes:

1 Average across all Northern Ireland Councils for quarter 1 was 91.45%.

Percentage supplier invoices paid within 10 days

	Jul 26	Oct 26	Jan 27	Apr 27
Target	90%	90%	90%	90%
Actual	84.72% * 1	—	—	—

Notes:

1 Average across all Northern Ireland Councils for quarter 1 was 75.88%.

Economic Development

38 : New Jobs Number per annum

Number of new jobs linked to economic development programmes (cumulative)

	Jul 26	Oct 26	Jan 27	Apr 27
Target	15	40 (+25)	70 (+30)	160 (+90)
Actual	31 * 1	—	—	—

Notes:

1 Go Succeed: 31 jobs - it should be noted that Belfast City Council – Go-Succeed PMO have not verified Qtr.1 numbers LMP: As part of the LMP Action Plan 2026/27, the Programmes Team has successfully launched two employability programmes, with additional initiatives scheduled to commence later in the year. These programmes are designed to contribute towards a range of intended outcomes, including increased employment opportunities, skills development, enhanced earning potential, and the achievement of recognised qualifications for local residents. As delivery is in the early stages, it is currently too soon to report on outcomes against the newly established annual targets. Performance and participant outcomes will be subject to confirmation of the full 2026/2027 DfC approved LMP budget and will be monitored throughout the year, with progress updates provided on key indicators, including job outcomes.

Sports Services

151 : Vitality membership Annual target of Vitality members per year

Maintain the annual target of 19,500 members of our leisure facilities

	Jul 26	Oct 26	Jan 27	Apr 27
Target	19,500	19,500	19,500	19,500
Actual	20,202 * 1	—	—	—

Notes:

1 End of Quarter 1 - 20,202

Assets

212 : Assets Rental from the Council's leased assets

		Jul 26	Oct 26	Jan 27	Apr 27
Number of Lettable areas within the Council's available leased assets	Target	48	48	48	48
	Actual	53 * 1	—	—	—
Notes:		1 Total number of lettable properties 58			

Economic Development

226 : Labour Market Partnership programme Participants

		Jul 26	Oct 26	Jan 27	Apr 27
Number of participants in the Labour Market Partnership programme (cumulative)	Target	0	20	60	100
	Actual	15 * 1	—	—	—
Notes:		1 As part of the LMP Action Plan 2026/27, the Programmes Team has successfully launched two employability programmes, with additional initiatives scheduled to commence later in the year. These programmes are designed to contribute towards a range of intended outcomes, including increased employment opportunities, skills development, enhanced earning potential, and the achievement of recognised qualifications for local residents. As delivery is in the early stages and subject to DfC budget confirmation for the full year 2026/27, it is currently too soon to report on outcomes against the newly established annual targets.			

Planning & Capital Development

228 : Capital Programme Expenditure measured against Budget

		Jul 26	Oct 26	Jan 27	Apr 27
Cumulative % Expenditure against budget	Target	20%	40%	70%	95%
	Actual	23.5%	—	—	—

Economic Development

244 : City Centre Regeneration Growth fund

		Jul 26	Oct 26	Jan 27	Apr 27
Number of key tasks completed (cumulative) to deliver the Growth Fund; Business case completed & agreed at R&G Committee, architecture developed for the delivery of the scheme and agreed detailed guidance and timeline	Target	0	3	6	9
	Actual	1 * 1	—	—	—
Notes:		1 DfC letter of offer delayed due to budgets not being agreed at Stormont. One letter of offer issued fully funded through Council.			

Regeneration & Growth

245 : Progress the Dundonald International Ice Bowl redevelopment. DIIB project proceeding to Construction Phase and building complete

		Jul 26	Oct 26	Jan 27	Apr 27
Building completion	Target	70%	80%	90%	100%
	Actual	70%	—	—	—

Environmental Health, Risk & Emergency Planning

246 : Enhance burial provision Increase number of plots

		Apr 27
Number of new grave plots in operation	Target	150
	Actual	—

		Jul 26	Oct 26	Jan 27	Apr 27
Submission of a Planning Application for a Garden of Remembrance at Blaris Cemetery	Target	No	No	No	Yes
	Actual	No * 1	—	—	—
Notes:		**1** July 2026 - The IDT are in process of engaging a Landscape Architect to provide a design which will accompany the planning application.			

Economic Development

254 : Inclusivity Delivery of specialist employability support and advice for those with a disability.

		Jul 26	Oct 26	Jan 27	Apr 27
Number of people supported (cumulative)	Target	0	5	15	25
	Actual	0 * 1	—	—	—
Notes:		**1** As part of the LMP Action Plan 2026/27, the Programmes Team has successfully launched the Accessible Apprenticeship Graduate Programme, which is designed to provide tailored employability support for individuals with a disability who hold higher-level qualifications and are currently out of work. Subject to funding approval, the Pathways to Employment for Individuals with a Disability programme will also be launched later in the year, further enhancing opportunities for participants to access employment, skills development and career progression support. As these programmes are in the early stages of delivery, it is too early to report on participant outcomes. However, the combined target across both initiatives is to support 45 participants during 2026/27. Progress against this target and associated employment outcomes will be subject to confirmation by DfC of the full 2026/27 funding allocation and will be monitored and reported throughout the year.			
Recruitment onto specialist programme of support	Target	No	Yes	Yes	Yes
	Actual	No * 1	—	—	—
Notes:		**1** As above.			
Delivery of accredited training	Target	No	No	Yes	Yes
	Actual	No * 1	—	—	—
Notes:		**1** As above.			
Receive bespoke mentoring tailored to each individual action plan	Target	No	No	No	Yes
	Actual	No * 1	—	—	—
Notes:		**1** As above.			
Supporting participants on their journey Employment / Further Education	Target	No	No	No	Yes
	Actual	No * 1	—	—	—
Notes:		**1** As above.			

HR&OD

258 : Staff Absenteeism

		Jul 26	Oct 26	Jan 27	Apr 27
Average Rolling year absence	Target	14.5	14.5	14	14
	Actual	17 * 1	—	—	—
Notes:	**1** Long term absence remains a challenge. We continue to implement our attendance policy & procedure, and explore additional actions that can be taken. Detailed absence reports are provided quarterly to Corporate Services Committee.				

Leisure & Community Wellbeing

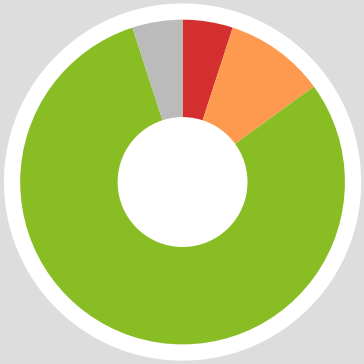
262 : Health & Wellbeing Programmes & events

		Jul 26	Oct 26	Jan 27	Apr 27
Number of Health & Wellbeing Programmes (cumulative)	Target	20	40	60	80
	Actual	21 * 1	—	—	—
Notes:	**1** Outreach & Inclusion figures for Q1 are 10 programmes & Health & Wellbeing – 11 programmes				
Number of participants on the Health & Wellbeing programmes (cumulative)	Target	1000	1600	2600	3600
	Actual	1672 * 1	—	—	—
Notes:	**1** Outreach & Inclusion figures for Q1 are 286 participants & Health & Wellbeing –1386 participants.				
Number of Community Events (Cumulative)	Target	25	50	75	100
	Actual	28	—	—	—

Performance Summary

(Type = 'Corporate Plan')

Thursday 3rd of September 2026



1 Red	2 Amber	16 Green	1 Grey

Red = Target missed or Measure overdue
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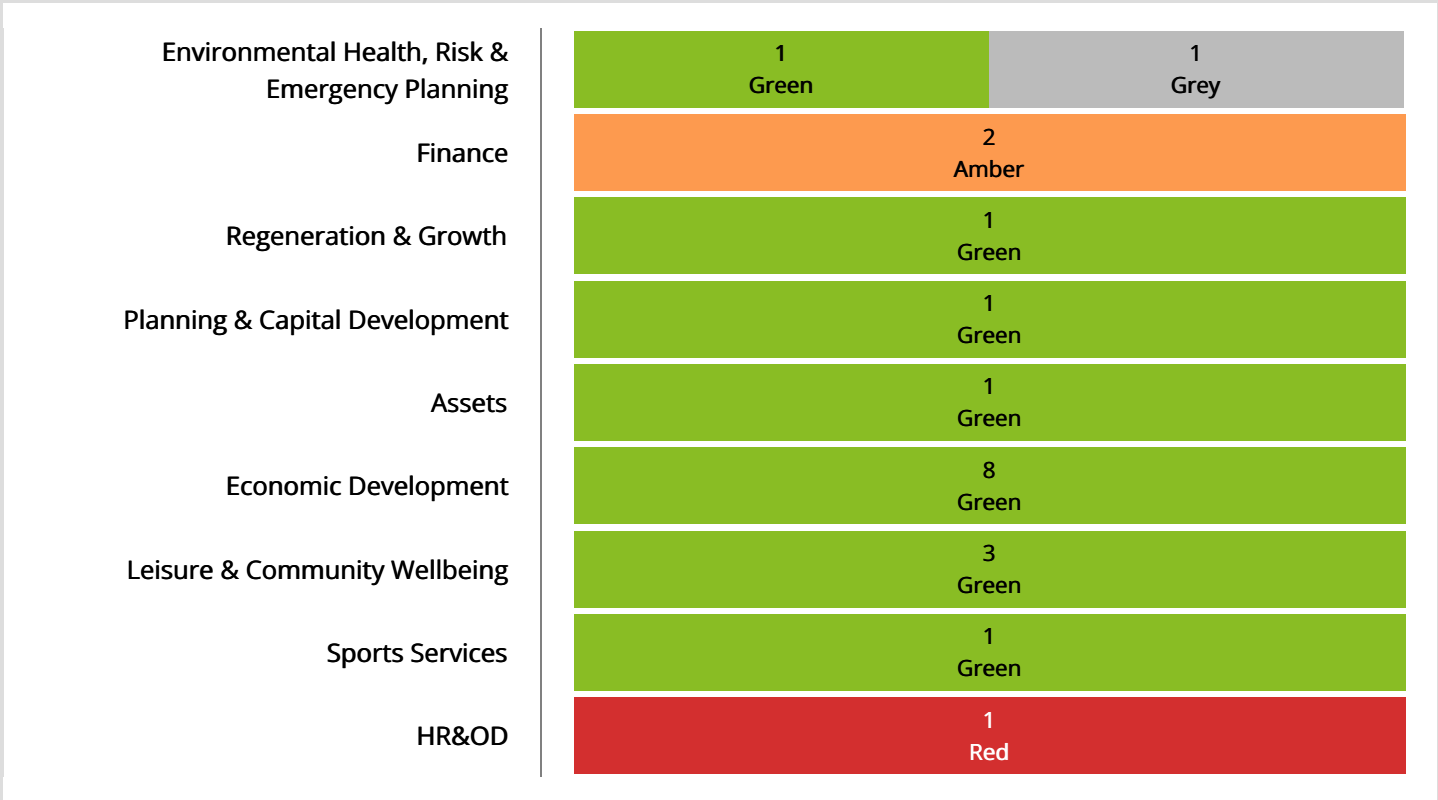


FINANCE — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
16 : Finance Stat KPI - Prompt Payment Indicators :**Percentage supplier invoices paid within 30 Days**	100%	95.8%	Amber

Notes: Average across all Northern Ireland Councils for quarter 1 was 91.45%.

FINANCE — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
16 : Finance Stat KPI - Prompt Payment Indicators :**Percentage supplier invoices paid within 10 days**	90%	84.72%	Amber

Notes: Average across all Northern Ireland Councils for quarter 1 was 75.88%.

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
38 : New Jobs Number per annum:**Number of new jobs linked to economic development programmes (cumulative)**	15	31	Green

Notes: Go Succeed: 31 jobs - it should be noted that Belfast City Council – Go-Succeed PMO have not verified Qtr.1 numbers LMP: As part of the LMP Action Plan 2026/27, the Programmes Team has successfully launched two employability programmes, with additional initiatives scheduled to commence later in the year. These programmes are designed to contribute towards a range of intended outcomes, including increased employment opportunities, skills development, enhanced earning potential, and the achievement of recognised qualifications for local residents. As delivery is in the early stages, it is currently too soon to report on outcomes against the newly established annual targets. Performance and participant outcomes will be subject to confirmation of the full 2026/2027 DfC approved LMP budget and will be monitored throughout the year, with progress updates provided on key indicators, including job outcomes.

SPORTS SERVICES — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
151 : Vitality membership Annual target of Vitality members per year: **Maintain the annual target of 19,500 members of our leisure facilities**	19,500	20,202	Green

Notes: End of Quarter 1 - 20,202

ASSETS — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
212 : Assets Rental from the Council's leased assets:**Number of Lettable areas within the Council's available leased assets**	48	53	Green

Notes: Total number of lettable properties 58

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
226 : Labour Market Partnership programme Participants: **Number of participants in the Labour Market Partnership programme (cumulative)**	0	15	Green

Notes: As part of the LMP Action Plan 2026/27, the Programmes Team has successfully launched two employability programmes, with additional initiatives scheduled to commence later in the year. These programmes are designed to contribute towards a range of intended outcomes, including increased employment opportunities, skills development, enhanced earning potential, and the achievement of recognised qualifications for local residents. As delivery is in the early stages and subject to DfC budget confirmation for the full year 2026/27, it is currently too soon to report on outcomes against the newly established annual targets.

PLANNING & CAPITAL DEVELOPMENT — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
228 : Capital Programme Expenditure measured against Budget: **Cumulative % Expenditure against budget**	20%	23.5%	Green

Notes:

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
244 : City Centre Regeneration Growth fund: **Number of key tasks completed (cumulative) to deliver the Growth Fund; Business case completed & agreed at R&G Committee, architecture developed for the delivery of the scheme and agreed detailed guidance and timeline**	0	1	Green

Notes: DfC letter of offer delayed due to budgets not being agreed at Stormont. One letter of offer issued fully funded through Council.

REGENERATION & GROWTH — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
245 : Progress the Dundonald International Ice Bowl redevelopment. DIIB project proceeding to Construction Phase and building complete: **Building completion**	70%	70%	Green

Notes:

ENVIRONMENTAL HEALTH, RISK & EMERGENCY PLANNING — DUE 1ST APR 27

	TARGET	ACTUAL	STATUS
246 : Enhance burial provision Increase number of plots : **Number of new grave plots in operation**	150		Grey

Notes:

ENVIRONMENTAL HEALTH, RISK & EMERGENCY PLANNING — DUE 1ST JUL 26

	TARGET	ACTUAL	STATUS
246 : Enhance burial provision Increase number of plots : **Submission of a Planning Application for a Garden of Remembrance at Blaris Cemetery**	No	No	Green

Notes: July 2026 - The IDT are in process of engaging a Landscape Architect to provide a design which will accompany the planning application.

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

254 : Inclusivity Delivery of specialist employability support and advice for those with a disability. : **Number of people supported (cumulative)**	TARGET	ACTUAL	STATUS
	0	0	Green

Notes: As part of the LMP Action Plan 2026/27, the Programmes Team has successfully launched the Accessible Apprenticeship Graduate Programme, which is designed to provide tailored employability support for individuals with a disability who hold higher-level qualifications and are currently out of work. Subject to funding approval, the Pathways to Employment for Individuals with a Disability programme will also be launched later in the year, further enhancing opportunities for participants to access employment, skills development and career progression support. As these programmes are in the early stages of delivery, it is too early to report on participant outcomes. However, the combined target across both initiatives is to support 45 participants during 2026/27. Progress against this target and associated employment outcomes will be subject to confirmation by DfC of the full 2026/27 funding allocation and will be monitored and reported throughout the year.

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

254 : Inclusivity Delivery of specialist employability support and advice for those with a disability. : **Recruitment onto specialist programme of support**	TARGET	ACTUAL	STATUS
	No	No	Green

Notes: As above.

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

254 : Inclusivity Delivery of specialist employability support and advice for those with a disability. : **Delivery of accredited training**	TARGET	ACTUAL	STATUS
	No	No	Green

Notes: As above.

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

254 : Inclusivity Delivery of specialist employability support and advice for those with a disability. : **Receive bespoke mentoring tailored to each individual action plan**	TARGET	ACTUAL	STATUS
	No	No	Green

Notes: As above.

ECONOMIC DEVELOPMENT — DUE 1ST JUL 26

254 : Inclusivity Delivery of specialist employability support and advice for those with a disability. : **Supporting participants on their journey Employment / Further Education**	TARGET	ACTUAL	STATUS
	No	No	Green

Notes: As above.

HR&OD — DUE 1ST JUL 26

258 : Staff Absenteeism: **Average Rolling year absence**	TARGET	ACTUAL	STATUS
	14.5	17	Red

Notes: Long term absence remains a challenge. We continue to implement our attendance policy & procedure, and explore additional actions that can be taken. Detailed absence reports are provided quarterly to Corporate Services Committee.

LEISURE & COMMUNITY WELLBEING — DUE 1ST JUL 26

262 : Health & Wellbeing Programmes & events : **Number of Health & Wellbeing Programmes (cumulative)**	TARGET	ACTUAL	STATUS
	20	21	Green

Notes: Outreach & Inclusion figures for Q1 are 10 programmes & Health & Wellbeing – 11 programmes

LEISURE & COMMUNITY WELLBEING — DUE 1ST JUL 26

262 : Health & Wellbeing Programmes & events : **Number of participants on the Health & Wellbeing programmes (cumulative)**	TARGET	ACTUAL	STATUS
	1000	1672	Green

Notes: Outreach & Inclusion figures for Q1 are 286 participants & Health & Wellbeing –1386 participants.

LEISURE & COMMUNITY WELLBEING — DUE 1ST JUL 26

262 : Health & Wellbeing Programmes & events : **Number of Community Events (Cumulative)**	TARGET	ACTUAL	STATUS
	25	28	Green

Notes:

Lisburn & Castlereagh City Council

Committee:	Governance & Audit Committee
Date:	10th September 2026
Report from:	Performance Improvement Officer

Item for:	Decision
Subject:	Performance Improvement Report 2025/26

1.0 Background and Key Issues:

1.1 **Appendix I** is a copy of the fully detailed draft Performance Improvement Report for 2025/26, as required by the NI Audit Office.

1.2 The council continues to meet the UK Government Accessibility Regulations to ensure its website remains compliant.

1.3 To support compliance with accessibility requirements, our sustainability agenda and digital strategy, a digitally designed version of the Performance Improvement Self-Assessment Summary has been produced for publication on the council website. This will be the main public-facing document, with the full Word version remaining available for residents who wish to review it.

1.4 The digital version can be viewed on this link: https://www.lisburncastlereagh.gov.uk/w/performance-improvement-report-2025-26-summary and will be accessible on the website once approved.

1.6 The Performance Improvement Report 2025/26 must be published by 30th September 2026 to meet the requirements of the legislation.

2.0 Recommendation

It is recommended that Members approve the draft Performance Improvement Report for 2025/26.

3.0 Finance and Resource Implications

None.

4.0 Equality/Good Relations and Rural Needs Impact Assessments

4.1	Has an equality and good relations screening been carried out?	No
4.2	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out	N/A – reporting on events that have already occurred
4.3	Has a Rural Needs Impact Assessment (RNIA) been completed?	No
4.4	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out.	N/A – reporting on events that have already occurred

Appendices:	Appendix I - Draft Performance Improvement Report for 2025-26 Link to digital version: https://www.lisburncastlereagh.gov.uk/w/performance-improvement-report-2025-26-summary

Lisburn & Castlereagh City Council

Performance Improvement Report 2025-26

www.lisburncastlereagh.gov.uk/**performance**

Executive Summary

As a council we are committed to assessing ourselves against targets and standards set within our annual performance improvement plans and statutory indicators set by central government from statutory bodies. After assessing our performance within the year 2025/26 we have determined our achievements and areas we wish to continue to build on within the 2026/27 year.

A summary of our achievements in 2025/26 includes but are not limited to:

- ✓ Achieved strong overall performance, with 77% of Performance Improvement KPIs and 89% of Corporate Plan KPIs achieved by year end.
- ✓ Exceeded the statutory business start-up target, supporting an estimated 158 jobs through business start-up activity.
- ✓ Improved planning performance, reducing average local planning application processing times by 9.4 weeks (since previous year) and issuing more decisions than applications received.
- ✓ Maintained strong prompt payment performance, paying 83.41% of invoices within 10 working days and 95.70% within 30 days.
- ✓ Significantly reduced reliance on landfill, with household waste to landfill remaining consistently below 1% throughout the year.
- ✓ Strengthened citizen engagement, by developing the Citizen Consultation Framework and launching a dedicated consultation page on the Council website.
- ✓ Delivered strong employability outcomes, with 161 residents participating in Labour Market Partnership programmes, exceeding the annual target of 100.
- ✓ Provided specialist employability support for residents with disabilities, supporting 64 residents, significantly exceeding the target of 25.
- ✓ Delivered visible village plan improvements, including the Ballymacash Village Action Plan and key Glenavy actions such as the new playpark, upgraded bins, bus shelter and biodiversity work with local schools.
- ✓ Supported community wellbeing and participation, delivering a high number of health and wellbeing programmes, community events, village planning activities and inclusive engagement opportunities.

In 2026/27 our focus will continue to be on service improvement, we are committing to listening to people, understanding their needs, and designing services that are easy to access, timely and of high quality.

Thriving people are at the heart of strong communities. We want everyone to feel supported, connected and empowered to lead fulfilling lives. This means working collaboratively across sectors and with local people to build inclusive, safe and resilient places to live and work. By strengthening communities, we strengthen wellbeing, opportunity and local pride.

Alongside the above objectives we will also continue to monitor our progress against statutory targets, and our key performance indicators.

SECTION 1: Introduction

Context

This document presents the results of the council's self-assessment in discharging its general duty under Part 12 of the Local Government Act (Northern Ireland) 2014 in relation to performance improvement arrangements.

It sets out an assessment of our performance against the following requirements:

- performance improvement objectives set out in the 2025/2026 Performance Improvement Plan
- statutory performance improvement indicators and standards for the functions of Economic Development, Planning and Waste for 2025/2026, including comparison with the previous two years
- performance information on self-imposed indicators and standards collected during 2025-2026

The publication of this information fulfils in part the council's statutory requirement under Part 12, Section 92 of the Act.

Performance improvement objectives

Statutory guidance defines improvement as "more than just quantifiable gains in service output or efficiency, or the internal effectiveness of an organisation. Improvement for councils should mean activity that enhances the sustainable quality of life and environment for ratepayers and communities." Essentially, improvement is about making things better and our focus is on how we can deliver better services for the benefit of our residents and service users.

We are committed to driving continuous improvement and performance across all service areas. In 2025/2026 we set two new areas for improvement as detailed in **Section 2** of this report. These Performance Improvement outcomes have been developed to reflect the outcomes in the Community Plan which will be in place for the next 6 years and the Corporate Plan 2024-28.

The Community Plan and related outcomes can be accessed using the following link: community_plan_2017-2032_email-pdf

The Corporate Plan and related outcomes can be accessed using the following link:

lccc-corporate-plan-2024-2028-web

The Community Plan sets a long-term ambition to improve life for people who live, work in or visit Lisburn and Castlereagh. While full statistical impact may take time to evidence, 2025/26 actions show early progress. Evidence will continue to be monitored, with case studies used to demonstrate achievements and contribution to Community Plan and Corporate Plan outcomes. The results of the self-assessment are included at **Section 2**.

Statutory Performance Indicators

A set of seven statutory indicators have been set for Local Government via the Local Government (Performance Indicators and Standards) Order (NI) 2015 as part of the performance improvement arrangements for Councils. These relate to three council functions: waste management, economic development and planning. The results of the self-assessment are included at **Section 3**.

From 2017 The Local Government Act (Northern Ireland) 2014, Section 92 requires councils to compare their performance, so far as reasonably practicable, against the performance during that and previous financial years.

We will continue to work in conjunction with the Department for Communities to develop a comprehensive benchmarking framework to provide clear and transparent information to allow comparison across several council areas. **Section 4** outlines the results of external benchmarking based on data available in the public domain. In addition to results of other internal benchmarking undertaken in relation to absence and prompt payment.

Self-Imposed Indicators

We have a performance management framework in place which includes a range of self-imposed KPIs (Corporate Plan KPIs) as well KPIs relating to the Performance Improvement Objectives. Details of the self-assessment are included at **Section 5.**

To clearly demonstrate a track record of improvement, previous year(s) data where available, has been included in the self-assessment in section 5 to demonstrate how we have achieved continuous improvement towards the overall objective.

Discharging the general duty to secure continuous improvement in 2025-2026

The council has well-established governance arrangements in place to ensure delivery of all of its plans. These arrangements are used to ensure that the activity underpinning our improvement objectives is monitored on an ongoing basis.

They include:

- quarterly reports of our programme of activity to CMT (Corporate Management Team)
- reporting on the performance improvement process to the Governance & Audit Committee, on a quarterly basis as a standing item
- reporting on our Customer Care activity to the Governance & Audit Committee, on a quarterly basis as a standing item
- consideration of the full costs included in our estimates process
- appropriate risk management in relation to main programmes of work
- appropriate monitoring, reporting and performance management arrangements underpinning all the above

We measure how we are doing in lots of ways across the organisation.

How the council has got better in relation to its General Duty to improve

During 2025/26 the Governance & Audit Committee received quarterly reports detailing performance management information on the self-imposed and service KPIs.

The Performance Improvement KPIs demonstrate improvement against the Performance Improvement Objectives and are measured on a quarterly or annual basis (depending on the target), these were also reported to the Governance & Audit Committee.

We monitor complaints identifying underlying root causes and actions to enhance service provision. This is reported to the Corporate Management Team for internal scrutiny and the Governance & Audit Committee on a quarterly basis.

In addition to formal reporting of the self-imposed KPI's, we are always striving to identify new ways of working and opportunities to improve. Within 2025/2026 the council continued with several arrangements all of which fall within the general duty to improve including but not limited to:

- the Innovation Team continued to promote the digital and transformation agenda
- DMT (Directorate Management Team) meetings were attended quarterly by the Performance Improvement Officer to review Directorate performance
- monthly reporting of a Corporate Health Dashboard during 2025/2026 to help the Corporate Management Team assess performance against critical areas across the council
- regular monitoring of complaints identifying underlying root causes and actions to enhance service provision. **Appendix III** details the annual complaints information for 2025/26.
- annual review of the KPIs:
    - reviewed in the following categories: Performance improvement KPIs, Self-imposed (Corporate Plan KPIs) and Management Information KPIs
    - The Self-imposed (Corporate Plan KPIs) were reviewed in detail during 2025/26 to significantly reduce them in number and make them specific to the Corporate Plan 2024-28. The majority of the 9 Self-imposed (Corporate Plan KPIs) for 2025/26 were new.

SECTION 2: Performance Improvement Objectives - Self Assessment

Improvement Objective 2025/2026	Council Self-Evaluation
We will deliver better services that continue to meet people's needs.	Target Achieved
We will support our people to thrive in vibrant communities.	Target Achieved

Performance Improvement Objective 1

We will deliver better services that continue to meet people's needs.

Outcomes contributing to our Community Plan / Corporate Plan include:

- public services are enhanced through co design and co-production

Performance Improvement Objective 1	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)
We will deliver better services that continue to meet people's needs	We will continue to improve the processing times of planning applications by monitoring the implementation of the agreed Planning Service Improvement Programme by the end of the	**Planning Applications – What Happened This Year** **What we did well** • We worked hard to reduce the number of old applications. • Many older applications were cleared from the system. • In several quarters, we did better than our target for dealing with older cases. **What this meant** • We focused on older applications first. • However, this meant we did not meet the target for newer local applications. **Improvements made** • Processing times improved a lot over the year. • Times reduced from 47.8 weeks to 22.8 weeks by the end of the year. • In most quarters, we made more decisions than the number of applications received, helping reduce the backlog.

Performance Improvement Objective 1	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)

	financial year 25/26	🎯 **End of year position**
		• We did not meet all targets, but:
		  ○ The backlog is much smaller
		  ○ Decision times are improving
		  ○ Performance is moving in the right direction
		👉 **What happens next**
		• We expect to continue improving next year.
		• With fewer older cases, we should be able to:
		  ○ Meet targets & process applications more quickly

	We will improve our prompt payment indicators by reducing the number of days taken to pay suppliers.	**Invoices – What Happened This Year**
		✅ **What we did well**
		• Achieved 83.41% of invoices paid within 10 working days
		• Achieved 95.70% of invoices paid within 30 days
		• Consistently exceeded quarterly targets throughout the year
		📈 **What this meant**
		• Maintained strong and reliable payment performance
		• Stayed close to Statutory KPI thresholds, although not fully meeting them
		📊 **Improvements made**
		• Continued organisation-wide focus on improving payment times
		• Sustained stable performance across all quarters
		🎯 **End of year position**
		• Statutory KPI thresholds (90% and 100%) were not met, however:
		  • Performance remained consistently high
		  • Delivery was close to target levels
		  • Payment performance is stable and reliable
		👉 **What happens next**
		• Maintain focus on improving payment times
		• Aim to:

Performance Improvement Objective 1	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)
		• Fully meet Statutory KPI thresholds • Further strengthen performance consistency
	We will increase our staff attendance levels.	**Staff Attendance & Wellbeing – What Happened This Year** ✅ **What we did well** • Introduced a new Managing Attendance Policy in April 2025 after full consultation • Trained 25 Mental Health First Aiders to support staff • Delivered a wide range of health and wellbeing initiatives throughout the year • Achieved the sickness absence target in Quarter 2 • Exceeded the target again in Quarter 3 📈 **What this meant** • Staff had better support for their health and wellbeing • Managers had clearer guidance on managing attendance • Overall sickness levels improved in some parts of the year 📊 **Improvements made** • Strong programme of wellbeing activities across all quarters: • HR worked closely with services to manage and reduce absence • Increased focus on supporting staff and improving attendance 🎯 **End of year position** • Performance was mixed across the year: • Targets were met in some quarters • Quarter 4 target was not met (15.72 days lost) • Long-term absence increased towards the end of the year • Ongoing work is in place to address this 👉 **What happens next** • Continue to support staff health and wellbeing • Focus on reducing long-term absence • Work with services to improve attendance further • Aim to meet targets consistently across all quarters

Performance Improvement Objective 1	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)
	We will reduce the percentage of household waste being disposed of in landfill sites.	**Waste to Landfill Performance – What Happened This Year** ✅ **What we did well** • A new waste management contract began on 1 February 2025 • Achieved 0% waste to landfill in the first quarter • Maintained very low landfill rates across all quarters 📈 **What this meant** • The new contract significantly reduced reliance on landfill • Landfill levels remained consistently below 1% throughout the year 📊 **Performance across the year** • Q1: 0% waste to landfill • Q2: 0.24% waste to landfill (July–September 2025) • Q3: 0.31% of household waste landfilled • Q4: 0.28% of household waste landfilled 🎯 **End of year position** • Landfill use remains very low overall • Performance has been stable, with only slight fluctuations • The contract is delivering strong environmental outcomes

Performance Improvement Objective 2

We will support our people to thrive in vibrant communities.

Outcomes contributing to our Community Plan / Corporate Plan:

- We live healthy, fulfilling and long lives
- We live and work in attractive, resilient and environmentally-friendly places.
- We live in empowered, harmonious, safe and welcoming communities.

Performance Improvement Objective 2	**Enabling Improvement Projects**	**How did we do?** **(See Appendix 1 to see how we tracked progress in year)**
We will support our people to thrive in vibrant communities	We will continue to enable our citizens to influence decision making through community conversations in Lisburn South and Downshire West.	**Village Planning Performance – What Happened This Year** ✅ **What we did well** • Delivered and secured community endorsement of the Ballymacash Village Action Plan • Strong community engagement, including consultation events and ongoing involvement with local groups • Established an effective partnership approach through the Ballymacash Interagency Forum • Began early delivery actions quickly following plan agreement • Maintained regular monitoring and coordination with statutory and community partners 📈 **What this meant** • Community priorities were clearly translated into a structured and agreed Action Plan • Strong alignment between community feedback and partner-led delivery • Early actions demonstrated responsiveness and built momentum • The approach strengthened collaborative working and shared ownership across partners 📊 **Performance across the year** • Q1: Preparatory engagement and planning for community consultation; Ballymacash identified as priority area

Performance Improvement Objective 2	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)
		• Q2: Community consultation delivered; draft Action Plan developed and refined with partners • Q3: Action Plan formally endorsed; delivery actions commenced across priority themes • Q4: Progress monitored through Interagency Forum; model embedded to support ongoing delivery 🎯 **End of year position** • Ballymacash Village Action Plan successfully developed and in early delivery phase • Clear, community-led framework now guiding ongoing improvements • Strong partnership structure in place to oversee implementation and monitor progress • Next Village Plan location (including Downshire West) not confirmed within the year • Proposals developed for a structured Village Planning programme rollout in 2026–27
	We will improve our engagement methods by developing and implementing a Citizen Consultation Framework	**Citizen Consultation Framework – What Happened This Year** ☑ **What we did well** • Developed the Citizen Consultation Framework to support consistent, good-quality engagement • Made the Framework available on the intranet for officers • Launched a dedicated consultation page on the LCCC website • Provided one central place for residents to access live consultations 📈 **What this meant** • Citizens have a clearer and more accessible way to find and respond to consultations • Officers have a shared approach to planning and delivering engagement • The Council has strengthened how residents can influence decision making 📊 **Performance across the year** • Q1–Q3: Framework developed and prepared for sharing with Corporate Management Team and officers • Q4: Dedicated consultation webpage went live on the LCCC website

Performance Improvement Objective 2	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)
		• Four consultations were live to date: Performance Improvement Plan; Carryduff Household Recycling Centre Redevelopment; proposed development at Barbour Park; and Planning Application Validation Checklist 🎯 **End of year position** • Performance Improvement target achieved • Framework and web-based consultation page are now in place • Testimonials and feedback will be added when the Framework is fully live on the website
	We will continue to deliver a range of employability programmes that will help our residents to achieve relevant qualifications that will enable them to gain new or better employment. This will also include the delivery of specialist support and	**Employability Programmes – What Happened This Year** ☑ **What we did well** • Delivered a wide range of employability programmes, academies and events for residents facing barriers to work • Supported residents to gain qualifications, build confidence and move closer to employment • Provided targeted support for female returners, people with disabilities, older residents, young people and local jobseekers • Worked with employers, training providers and support organisations to provide practical routes into work 📈 **What this meant** • Residents accessed training, mentoring, qualifications and direct employment support • Employers were able to connect with local talent and strengthen inclusive recruitment practices • Participants gained confidence, skills and clearer pathways into employment, further learning or volunteering • The Council strengthened support for those furthest from the labour market 📊 **Progress across the year** • Q1: Delivered female returner and disability-focused employability events, and celebrated 40 THRIVE graduates • Q2: Delivered two upskilling academies for 16 participants and launched two further academies, recruiting 27 participants • Q3: Target exceeded, with 75 participants recruited, seven additional programmes launched and two job fairs delivered, supporting 452 participants

Performance Improvement Objective 2	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)
	advice for those with a disability.	• Q4: Target exceeded again, with 161 participants recruited, five additional Skills Academies launched and 77 participants enrolled on upskilling programmes • Secured additional funding, including support for individuals leaving looked after care and expansion of the Gamified Learning Programme 🎯 **End of year position** • Performance Improvement target exceeded • 161 residents participated in Labour Market Partnership programmes, exceeding the annual target of 100 • Specialist employability support was delivered to 64 residents with a disability, exceeding the target of 25 • Programmes created strong outcomes, including new qualifications, employment opportunities, inclusive employer engagement and early STEM career awareness for local pupils
	We will support the progression of actions in the Glenavy Village Plan in partnership with new and established groups.	**Glenavy Village Plan – What Happened This Year** ☑ **What we did well** • Delivered visible improvements in Glenavy, including a new playpark, upgraded bins and a new bus shelter at Lyngrove Hill/Crumlin Road • Worked in partnership with statutory partners, schools and local community groups • Supported community capacity building through networking, training and engagement sessions • Continued biodiversity and environmental work with Ballymacrickett Primary School and local partners 📈 **What this meant** • Residents saw practical improvements that responded to priorities raised through the Village Plan • Families, pupils, commuters and older residents benefited from improved local facilities and public transport infrastructure • Community groups were better connected and supported to contribute to local delivery • Pupils gained hands-on environmental learning and helped build pride in place 📊 **Progress across the year** • Q1: New playpark completed at Killultagh; bin upgrades delivered; community training and school biodiversity activity progressed

Performance Improvement Objective 2	Enabling Improvement Projects	How did we do? (See Appendix 1 to see how we tracked progress in year)
		• Q2: Playpark, bins and school engagement confirmed as complete; bus shelter and pedestrian crossing remained in progress • Q3: Community networking and update session held at St Clare's Community Hall, strengthening collaboration and confirming local priorities • Q4: Bus shelter installed at Lyngrove Hill/Crumlin Road, with connection and reinstatement works progressing; DfI confirmed the pedestrian crossing will remain under future consideration 🎯 **End of year position** • Target on track, with several key Village Plan actions completed • Completed actions include the playpark, bin upgrades, biodiversity/school engagement, community networking and bus shelter installation • Ongoing actions include community capacity building and continued monitoring of the pedestrian crossing request • The Glenavy Village Plan has strengthened local partnership working and created a clear framework for continued delivery

What difference did we make? Case Studies

Some highlights from our improvement projects delivered during 2025/26 include the following:

The Ballymacash Village Action Plan was formally presented to the community and partners on 9 October 2025, where it was accepted and endorsed by attendees. This session confirmed priority actions, validated the proposed delivery approach, and provided clarity on next steps for progression, coordination and monitoring. The agreed plan now provides a clear framework for partner-led delivery, supported and overseen through Community Planning arrangements. Through this process, Ballymacash continues to demonstrate how Village Planning can act as a practical platform for connecting community insight with partner delivery, strengthening shared ownership of local priorities and supporting collaborative, place-based improvement. Together, these plans ensure that local voices shape local change, reinforcing how Council-led Village Planning continues to deliver responsive, people-centred outcomes aligned to wider Community Planning and Performance Improvement objectives.

Ballymacash Interagency Forum & Village Planning in Action Overview

The Ballymacash Interagency Forum is a locally based partnership bringing together key statutory, community, and voluntary organisations to collaboratively address issues and opportunities within the Ballymacash area of Lisburn South. Acting as a practical, place-based delivery mechanism, the Forum plays a central role in both informing and supporting the implementation of the Ballymacash Village Action Plan.

BALLYMACASH COMMUNITY CENTRE

A Strong Local Partnership Model: The Forum is anchored by Ballymacash Regeneration Network and housed in the Ballymacash Community Centre, a key community organisation with deep local knowledge and strong connections to residents. It works alongside a range of statutory and support agencies including:

- Lisburn & Castlereagh City Council (Community Planning & Community Development/Services)
- Northern Ireland Housing Executive and Housing Associations
- Police Service of Northern Ireland (PSNI)
- Supporting Communities
- Department for Infrastructure (engaged through Forum connections)

The Interagency Forum has been integral to the development of the Ballymacash Village Action Plan. Through its established networks and regular engagement, it has helped to identify and validate local priorities through ongoing dialogue with community representatives. Statutory partners have brought data, insight and service-level understanding, while community voices have been channelled through a trusted local anchor organisation. This has ensured that the Village Plan was not developed in isolation, but was instead grounded in clear, evidenced local need and shaped by those delivering services on the ground.

A key strength of the Ballymacash model is the continuity between planning and delivery. Rather than ending once the plan was developed, the Interagency Forum has provided an ongoing structure to monitor progress against Village Plan actions, coordinate delivery across partners, and ensure that actions are led by the most appropriate organisation. It has also created a mechanism to address barriers in real time, including resource constraints and operational challenges, while helping to align additional opportunities such as funding streams, training and community initiatives.

Forum discussions have linked Village Planning activity with wider Community Services support, funding opportunities and environmental improvement work, creating a coordinated and responsive approach. Recent over 50's fitness work linked to Age Friendly strategy and desire in the Village for more opportunities for local health and well-being activities – that can also aid with social connection – is a good exemplar of LCCC working with a local anchor organisation to deliver on Village Plan priorities.

Central to the success of the Forum is the role of local anchor organisations, particularly Ballymacash Regeneration Network. Their contribution has included acting as a trusted intermediary between residents and statutory agencies, hosting meetings and sustaining consistent local engagement, leading or supporting the delivery of community-based actions and programmes, and ensuring that the resident voice remains central throughout implementation. This anchor-led approach strengthens community ownership of the Village Plan and supports more sustainable, locally driven outcomes.

Overall, the Ballymacash Interagency Forum demonstrates how Village Planning can and should be a living, locally owned process. By embedding ongoing monitoring and delivery within an existing interagency structure, partnerships remain active and accountable, actions are continuously reviewed and adapted, and Community Planning is translated into visible, place-based impact.

The Council strives to target those furthest from the labour market who face additional barriers to employment. As part of Lisburn & Castlereagh City Council's Labour Market Partnership programme, the Council has developed a diverse range of employability programmes and events that will support our residents to achieve qualifications and gain employment. During the year the Labour Market Partnership Team delivered a number of programmes. Details of some of our success stories can be found below.

Women Into Employment – Female Empowerment

Inspired by the Open University's *Mumentum* campaign, the Lisburn and Castlereagh LMP's focus was on supporting local women who have been out of work for extended periods due to maternity leave, caregiving responsibilities, illness, or career breaks.

On 19th June 2025, the Labour Market Partnership brought together a range of organisations to showcase programmes, training, and support available to our residents and local networks. Speakers included the Lisburn Chamber of Commerce, Jobs and Benefits Office, Atlas Women's Group, Studyseed CIC, Women's Tec, and Women's Support Network shared resources and insights.

The employability event for female returners to the labour market was highly successful, attracting enthusiastic participation and positive feedback. Attendees gained valuable insights, boosted confidence, and made key professional connections. Workshops, CV support, and networking opportunities empowered women to re-enter the workforce with renewed motivation. Many expressed appreciation for the tailored support, marking the event as impactful and inspiring.

DisAbility Employability Event - Promoting Inclusive Employment

On 26th June 2025, Lagan Valley Island became the hub for a powerful employability event, bringing together local residents with a range of disabilities, support organisations, and employers. The aim was to dismantle employment barriers and promote inclusive, sustainable career opportunities across the Lisburn & Castlereagh City Council area.

The event was hosted by the Lisburn and Castlereagh Labour Market Partnership and welcomed a wide range of expert speakers and partners, including USEL, SES Workable, The

NOW Project, Stepping Stones NI, Advice NI, Universal Credit, and Lisburn Jobs & Benefits Centre, reinforcing the Council's commitment to inclusive employment.

Workshops, talks, and stalls created an engaging space for attendees to gain knowledge about upskilling, reskilling, mentoring, and support available across the local council area. Real-life challenges were discussed, alongside actionable pathways to help residents move closer to employment. Attendees appreciated the welcoming, empowering atmosphere, where shared experiences led to valuable peer support and motivation.

Residents received tailored advice, registered for training programmes, and explored the wraparound support available to them. The event not only raised awareness but also sparked action—providing a real sense of progress for inclusive employment in the community.

Pathways to Employment for Individuals with a DisabilityCelebration Event

On 27th June, we were delighted to celebrate the achievements of forty local people who graduated from the Thrive programme – a life-changing initiative that supports individuals with a disability or health condition on their journey towards employment.

Delivered by Stepping Stones NI on behalf of the Lisburn & Castlereagh Labour Market Partnership, the programme gave participants the opportunity to build confidence, learn new skills and take positive steps towards meaningful work.

The graduation event took place at Lagan Valley Island and was filled with proud moments, personal stories, and plenty of celebration. It kicked off with breakfast networking, followed by speeches from special guests including Alderman Amanda Grehan, Mayor of Lisburn & Castlereagh City Council, and Paddy Rooney, Deputy Secretary for the Work & Health Group at the Department for Communities.

We are so proud of every single person who took part in Thrive. Each participant's hard work, determination and resilience have inspired us all and enables Lisburn & Castlereagh to fulfil their commitment to harnessing inclusivity across the council area.

Transport Academy - The Transport Academy launched in August 2025 offering 15 residents of Lisburn & Castlereagh City Council to undertake their category C (Class 2) HGV licence or a category D Bus Licence.

Case Study: Ela Fratczak

Ela has fulfilled the dream she always had – to drive a bus. After coming across the Lisburn & Castlereagh Transport Academy on social media page, she immediately applied to participate in the programme.

Following an interview exercise, Ela was accepted onto the Academy. Shortly after completing her training, Ela was offered a position as a bus driver with Translink and her new adventure has begun!

'*I would recommend this programme to anyone who has always wanted to obtain their HGV / Bus Licence, the programme has provided me with the skills and training to embark on a new career and I can't thank the Lisburn & Castlereagh LMP enough for this amazing opportunity*!"

Click here to discover Ela's story and how the academy made a difference to her career.

Diversity Workshop: For LCCC Employers

On the 26th September, Lisburn and Castlereagh Labour Market Partnership, in collaboration with Stepping Stones NI, hosted Unlock Growth Through Diversity & Inclusion — a free workshop for local employers at the Irish Linen Centre & Lisburn Museum.

The session explored how inclusive practices can drive innovation, improve recruitment and retention, and strengthen workplace culture. Attendees learned practical strategies for building inclusive environments and received an Inclusive Employer recognition badge to display in their workplace. The event was well attended by business owners, managers, and HR professionals from across the Lisburn and Castlereagh area.

Classroom Assistant (Upskilling) Academy

In August 2025, the Classroom Assistant (Upskilling) Academy was launched to support workforce development in the education sector. Ten residents from Lisburn & Castlereagh City Council began training to achieve a Level 3 NCFE Certificate in Supporting Teaching and Learning in Schools. The academy works in partnership with local schools to help address

staffing shortages, offering practical experience alongside formal qualifications. It's a targeted initiative aimed at strengthening classroom support and creating new career pathways for local people.

🎥 To see how the programme is making a difference, watch video highlighting its impact on one local school.

World Host Academy

In September 2025, ten local businesses took part in the WorldHost Supervising Customer Service Academy — a fully funded two-day workshop designed to build a culture of excellence and drive service transformation.

The workshop focused on equipping supervisors with the tools and confidence to lead high-performing customer service teams. Participants explored practical strategies for maintaining service standards, motivating staff, and ensuring consistent customer experiences.

This follows the success of the March 2025 cohort, where eight participants completed the same training. Together, these sessions have supported nearly 20 local professionals in raising the bar for customer service across the region.

Welding Academy

The engineering sector across Lisburn & Castlereagh plays a vital role in the local economy, with a high demand for skilled welders. Recognising both the needs of local employers and the opportunity to support residents into sustainable employment, the Lisburn and Castlereagh Labour Market Partnership developed and delivered an innovative Welding Academy.

The programme supported eight local residents to access industry-standard training; equipping them with the practical skills and qualifications required to enter this key sector. Participants worked towards achieving the British Standard 4872 welding certification, a recognised UK standard that enhances employability and meets employer expectations.

Training was delivered by South Eastern Regional College (SERC) at its dedicated welding training facility in Dundrod, providing learners with access to professional equipment and an authentic workshop environment. This ensured participants gained hands-on experience aligned with real-world engineering roles. This academy will be repeated in February 2026.

Job Fair: 50+

The Over 50s Job Fair took place on Thursday 16 October 2025 and was delivered to support residents aged 50+ who were seeking new opportunities, including returning to employment, accessing further education and training, or engaging in rewarding volunteer roles. The event recognised the skills, experience, and value that older residents bring to the local workforce and community.

The event engaged 200 participants, providing a welcoming and inclusive space where attendees could access information, advice, and guidance tailored to their needs. Participants were able to connect directly with employers, training providers, and support organisations, increasing awareness of local opportunities and potential next steps.

Overall, the Over 50s Job Fair demonstrated the impact of targeted, age-inclusive support in building confidence and opening pathways for older residents. By bringing key organisations together in one accessible setting, the event supported participants to take positive steps towards employment, learning, or volunteering.

Job Fair: Dundonald Ice Bowl

The Dundonald Job Fair was held on Thursday 27 November 2025 at Dundonald International Ice Bowl. The in-person event welcomed 252 jobseekers and featured 17 local employers from a wide range of sectors, including Royal Mail, South Eastern Health & Social Care Trust, Baloo Hire etc. Employers were provided with the opportunity to showcase current vacancies, promote their organisations, and engage directly with potential recruits in a single, accessible setting. The event supported efficient recruitment by enabling face-to-face conversations and immediate follow-up with interested candidates.

Overall, the job fair proved highly effective in creating meaningful engagement between employers and jobseekers. Employers reported strong interest in available roles, with many conducting informal interviews on the day and progressing candidates directly to next stages of recruitment. The event provided a practical and efficient platform for real-time recruitment while giving jobseekers direct access to live opportunities, reinforcing the council's commitment to delivering outcomes-focused employment initiatives that support both business growth and local people into work.

THRIVE Programme

Pathways to Employment for Individuals with a Disability

The THRIVE Programme was launched by the Lisburn and Castlereagh Labour Market Partnership (LMP) to support 35 individuals who are economically inactive due to disability by addressing key barriers to employment. The programme delivers specialist mentoring to build confidence and develop essential employability skills, including CV writing and interview preparation, alongside access to accredited qualifications to support progression into employment or suitable work placements.

Ethan successfully completed the programme last year and went on to secure employment with Foot Anstey McKees after achieving a range of accredited qualifications. Reflecting on his experience, Ethan said: "I've been settling in well at Foot Anstey McKees. My work is varied and interesting, and I enjoy it greatly. I'm also working with a brilliant team. I'm very excited to continue my work going into the future."

🎥 To see Ethan's story in full, showcasing the impact of the THRIVE Programme, please click here.

Gamified Learning Programme: Essential Skills

In response to concerning statistics showing a significant rise in the number of young people leaving school without qualifications, the Lisburn and Castlereagh Labour Market Partnership developed an innovative learning programme. This programme enables participants to gain essential skills qualifications in English and Maths through digital gaming platforms.

This approach helps reduce the anxiety often linked to traditional classroom-based learning, allowing participants to work towards qualifications in a more relaxed and engaging way, without the pressure of formal exams. Initially we had the capacity to support 40 participants, however, the programme received unprecedented demand, with a total of 80 applications. As a result, additional funding was successfully secured, enabling all 80 participants to engage in the programme.

The Big Bridge

A total of 397 pupils from primary schools across Lisburn and Castlereagh participated in 15 interactive engineering sessions delivered at Lagan Valley Island in February 2026. As part of the *Big Bridge* STEM initiative, pupils worked alongside professional engineers to design, build and test a 13-metrelong, 3-metre-high bridge.

The programme, delivered by the Lisburn and Castlereagh Labour Market Partnership and funded by the Department for Communities, was targeted at P5 to P7 pupils. Each one-hour session combined hands-on, collaborative learning with curriculum-aligned content and provided early exposure to careers in engineering and the wider STEM sector. All participants received a certificate of achievement in recognition of their involvement.

The initiative has received highly positive feedback from both schools and parents, with many noting the lasting impact of the experience, as pupils continued to discuss and reflect on the workshops after participation. Teachers also highlighted the strong alignment with the Northern Ireland curriculum and the value of direct engagement with industry professionals in enhancing pupils' understanding of real-world STEM applications.

GLENAVY VILLAGE PLAN - New Playpark Installed (Killultagh Housing Development) – Action Complete

The Parks Department completed the installation of the new playpark. It was funded through the Small Settlements Fund and is now fully operational. This action is now closed.

Bin Replacement and Capacity Increase – Action Complete

Waste Management has completed this action. New bins have been installed in key locations across the Glenavy area, with enhanced capacity now in operation.

Pedestrian Crossing in Glenavy Village – In Progress

The Department for Infrastructure (DfI) has responded to the request for a pedestrian crossing on Glenavy Road, confirming that while a survey was conducted in November 2023,

the location did not rank highly against other sites based on assessed need. DfI uses a consistent, criteria-based process that considers pedestrian and vehicle volumes, traffic speed, road width, proximity to amenities, vulnerability of users, and collision history. Although the Glenavy Road site does not meet current thresholds for funding, it will remain on the list for future consideration should priorities or conditions change.

Biodiversity & School Engagement – Action Complete

Ballymacrickett Primary School has actively participated in this work. This action is complete.

In December 2025, a community engagement and networking session was held at St Clare's Community Hall, Glenavy, led by the Head of Communities and jointly facilitated by Community Services and Community Planning. The session was attended by a wide range of local community organisation representatives, reflecting the diversity of groups active within Glenavy.

The primary focus of the session was to explore how best to utilise and connect Glenavy's dispersed community groups to support delivery of the Glenavy Village Plan. Discussion centred on identifying practical ways existing groups could contribute to actioning priorities - such as environmental improvements, community wellbeing activities and local maintenance initiatives - while also considering whether new or more formalised structures could strengthen coordination, accountability and access to funding.

The session highlighted strong community assets, including local knowledge, volunteering capacity and established relationships, alongside shared challenges around coordination, sustainability and communication between groups. Importantly, the discussion supported a shift from isolated activity towards more collaborative, place-based working, with Council acting as an enabler and connector rather than a sole delivery body.

This engagement has helped clarify how community capacity can be better leveraged to support implementation of the Village Plan, informing next steps around networking, skills development and governance options. It also reinforces the role of Village Planning as a practical mechanism for translating community insight into coordinated action, aligned with Council and partner or community/voluntary sector priorities.

Case Study: Bus Shelter Installation – Crumlin Road, Glenavy

Overview

A new bus shelter has been successfully installed on Crumlin Road, Glenavy, funded through the Small Settlements Regeneration Programme. The project responds directly to identified local need for improved public transport infrastructure, particularly supporting school pupils and residents who rely on daily bus services.

Identifying the Need

Local feedback highlighted the lack of adequate shelter for individuals waiting on public transport along this route. This was of particular concern for:

- School children travelling to and from local schools
- Older residents and vulnerable users
- Commuters exposed to adverse weather conditions

The absence of suitable infrastructure impacted both safety and accessibility, reinforcing the need for intervention.

Project Delivery

The installation was delivered through partnership working, with funding secured via the Small Settlements Regeneration Programme.

- Bus shelter installed on-site (Crumlin Road, Glenavy)
- NIE connection scheduled to enable lighting
- Final reinstatement works to follow installation

This coordinated approach ensured efficient delivery and minimal disruption.

Impact and Benefits

The new bus shelter provides immediate and tangible benefits to the local community:

- Improved safety and comfort for school pupils and daily commuters
- Enhanced accessibility for all users, particularly during poor weather
- Support for sustainable travel, encouraging use of public transport
- Visible local investment, contributing to community confidence and wellbeing

SECTION 3: Statutory Indicators – Self Assessment

Lisburn & Castlereagh City Council is committed to meeting and, where possible, exceeding the standards set by central government departments through the following seven statutory performance indicators. Below are the results for 2025/26, the council's data for 2024/25 and 2023/24 has also been included to show comparisons.

Ref	Statutory Indicator	Standard to be met (annually)	Result 2023/24	2024/25	Year End 2025/26	Explanation of 2025/2026 result
ED1	The number of jobs promoted through business start-up activity (Business start-up activity means the delivery of completed client led business plans under the Department of Economy's Regional Start Initiative or its successor programmes.)	85 (DfE) 116 (GfI)	73	119	158	This business start-up activity is the delivery of the statutory jobs promotion target as set by Department for the Economy (DfE) via the Business Support Programme "Go Succeed". The LCCC statutory target was historically for 85 jobs annually. However, DfE introduced a new annual target of 116 jobs in June 2023. The 2025/26 figure is an internal estimate by LCCC and is due to be finalised by the lead Council for the Programme, Belfast City Council. This is expected to be finalised during the summer 2026.
P1	The average processing time of major planning applications [An application in the category of major development within the meaning of the Planning (Development Management) Regulations (Northern Ireland) 2015(a)]	Major applications processed from date valid to decision or withdrawal within an average of 30 weeks.	56.4	59.2	62.4	LCCC demonstrates consistent performance over a three-year period in terms of the processing of this type of application. Some obstacles remain in achieving performance of a 30-week turnaround for major applications in terms of the need to secure section 76 planning agreements. This adds significantly to the overall processing time for applications and is not taken into account by the Department when this key performance indicator was designed.

Ref	Statutory Indicator	Standard to be met (annually)	Result 2023/24	2024/25	Year End 2025/26	Explanation of 2025/2026 result
P2	The average processing time of local planning applications [Local applications mean an application in the category of local development within the meaning of the Planning (Development Management) Regulations (Northern Ireland) 2015, and any other applications for approval or consent under the Planning Act (Northern Ireland) 2011 (or any orders or regulations made under that Act)]	Local applications processed from date valid to decision or withdrawal within an average of 15 weeks.	42.4 weeks	38.8 weeks	29.4 weeks	There was a decrease in average processing times of 9.4 weeks. The ability to achieve good performance was constrained by a number of factors including a backlog of older applications. The Council has demonstrated continuous improvement over a three-year period by decreasing the average processing time for this category of application. It should be noted that the council processed approximately 50 more applications than it received. There remains a continued focus on reducing the backlog of older applications and the improvement project is continued with the aim of significantly reducing the median time taken to process local applications in the incoming financial year.
P3	The percentage of enforcement cases processed within 39 weeks [Enforcement cases are investigations into alleged breaches of planning control under Part 5 of the Planning Act (Northern Ireland) 2011 (or under any orders or regulations made under that Act). (b).]	70% of all enforcement cases progressed to target conclusion within 39 weeks of receipt of complaint.	83.3%	69.6%	68.3%	The council did not meet this target for the second year by 1.7%. The enforcement team remain impacted by changes in personnel and an increase in the number of cased received this year. A programme of capacity building is implemented to provide additional resilience in the team. There is a continued focus on ensuring that the performance returns to the levels of previous years. This is exemplified by the performance figure remaining broadly consistent with the previous year despite an increase in the number of cases received.
W1	The percentage of household waste collected by district councils that is sent for recycling (including waste prepared for reuse)	50%	50.9%	50.4%	TBC (*unverified until the NI Local Authority Collected*	LCCC has achieved a household waste preparing for reuse, dry recycling and composting rate, KPI of over 50%. Performance improvement is required to increase municipal waste recycling rates, in line with the Waste (Circular Economy) (Amendment) Regulations (Northern Ireland) 2020.

Ref	Statutory Indicator	Standard to be met (annually)	Result 2023/24	Result 2024/25	Year End 2025/26	Explanation of 2025/2026 result
	[Household waste is as defined in Article 2 of the Waste and Contaminated Land (Northern Ireland) Order 1997(a) and the Controlled Waste and Duty of Care Regulations (Northern Ireland) 2013(b)]				*Municipal Waste Statistics annual report is published later this year.*)	Work on the harmonisation of kerbside dry recycling collections has recommenced with a decision made by Council in May 2026 to introduce a harmonised 3 bin service to all households to include the collection of glass at the kerbside. The service will be introduced in a phased manner with all households in receipt of the same service in 2027. *The validated 2025/2026 figure will be included in the NIEA NI Local Authority Collected Municipal Waste Statistics annual report when published later this year. (Approx. November 2026)*
W2	The amount (tonnage) of biodegradable Local Authority Collected Municipal Waste (BLACMW) that is landfilled [Local authority collected municipal waste is as defined in section 21 of the Waste and Emissions Trading Act 2003(c)]	16,444 tonnes	14,098 tonnes	12,544 tonnes	TBC (*unverified until the NI Local Authority Collected Municipal Waste Statistics annual report is published later this year.*)	NILAS targets were set until 2019/20 so while there was no target for 2024/25 it is the expectation that levels of BLACMW should remain within the final year allowance. *The validated 2025/2026 figure will be included in the NIEA NI Local Authority Collected Municipal Waste Statistics annual report when published later this year. (Approx. November 2026)*
W3	The amount (tonnage) of Local Authority Collected Municipal Waste arisings [Local authority collected municipal waste arisings is the total amount of local authority collected municipal	N/A	77,617 tonnes	78,738 tonnes	TBC (*unverified until the NI Local Authority Collected Municipal*	*The validated 2025/2026 figure will be included in the NIEA NI Local Authority Collected Municipal Waste Statistics annual report when published later this year. (Approx. November 2026)*

Ref	Statutory Indicator	Standard to be met (annually)	Result 2023/24	Result 2024/25	Year End 2025/26	Explanation of 2025/2026 result
	waste which has been collected by a district council]				*Waste Statistics annual report is published later this year.*)	

SECTION 4: Comparing LCCC performance with other NI councils

Since 2017, The Local Government Act (Northern Ireland) 2014, Section 92 requires councils to compare their performance, so far as reasonably practicable, against the performance during that and previous financial years of other councils.

Comparative data remains limited while councils continue to work with the Department for Communities to develop a consistent benchmarking framework. This sector-wide work is ongoing and aims to provide clearer, more transparent comparisons that support improvement and benefit ratepayers.

The following section provides a comparison of LCCC with the other 10 NI council's performance under the statutory KPIs. In addition to this, comparisons have been made in two other areas namely Absence and Prompt Payments.

It should be noted that only data available in the public domain has been used for these comparisons. In some cases, 2023/24 is the most up to date annual, validated data available.

Planning Key Performance Indicators

In the 2025/26 business year, 629 local applications were received, and 681 local decisions issued (figure does not include 93 withdrawn applications). The Annual Statistical Bulletin 2025/26 confirms that LCCC presented an average processing time of 29.4 weeks. Based on the Annual Statistical Bulletin 2025/26 LCCC was one of four Councils who reduced processing time for local applications and at 9.4 weeks had the largest reduction in processing times for all Council Areas.

The Council continued its focus on managing older applications out of the system to allow for a return to good performance. This is exemplified by the improvement in processing times described above and a reduction in the number of live applications over one year in the system from 344 at 31 March 2025 to 225 at 31 March 2026.

With regard to major applications, 8 were received and 9 were decided. The Annual Statistical Bulletin 2025/26 confirms that LCCC presented an average processing time of 62.4 weeks. When compared with the Northern Ireland average the Annual Statistical Bulletin 2025/26 reports a performance of 41.4 weeks. LCCC continue to maintain consistent performance in the processing of this type of application.

Some obstacles remain in achieving performance of a 30-week turnaround for major applications in terms of the need to secure section 76 planning agreements. This adds significantly to the overall processing time for applications and is not taken into account by the Department when this key performance indicator was designed. It should be further noted the numbers of applications falling into this category are small. One old application can skew the figures and mask what is otherwise good performance.

A copy of the Annual Statistical Bulletin 2025/26 can be accessed using this link:
Northern Ireland planning statistics April 2025 - March 2026 | Department for Infrastructure

Economic Development KPI comparisons

During 2023/24 the 'Go For It' programme was replaced by 'Go-Succeed' (also known as NI Enterprise Support Service – NIESS) as a new service with Belfast City Council (BCC) taking over the reigns as the lead council from LCCC.

LCCC are unable to provide a comparative performance table with other councils, as this data is now managed centrally by the Programme Management Office (PMO) within Belfast City Council, the lead council for the Go Succeed programme. The release of benchmarking or comparative performance information is expected to follow internal validation and external audit and best placed to come directly from Belfast City Council. BCC has confirmed that internal Council verification for the period from November 2023 (start of Go-Succeed) to February 2025 (inclusive) has been completed. To date this information has not been published.

In terms of LCCC's individual Business Start performance, recent statutory target outputs are outlined below:

LCCC Statutory Target Outputs		
Year	**Jobs Created**	**Comment**
2025/26	158 (Internally Verified Only)	Awaiting BCC External Audit - Awaiting BCC External Vouch
2024/25	119 (Internally Verified Only)	Awaiting BCC External Audit - Awaiting BCC External Vouch
2023/24	73 (Internally Verified Only)	Delayed start and challenging rollout of Go Succeed - Awaiting BCC External Vouch
2022/23	113 (Verified)	Verified by LCCC and Externally Vouched
2021/22	129 (Verified)	Verified by LCCC and Externally Vouched
2020/21	106 (Verified)	Verified by LCCC and Externally Vouched – Impacted by COVID-19
2019/20	112 (Verified)	Verified by LCCC and Externally Vouched

Summary:

With the exception of 2020/21, which was impacted by COVID-19, and 2023/24, the challenging Go Succeed launch year, LCCC's Business Start performance has remained consistent and strong. LCCC have surpassed this year's target of 116 jobs and created 158 actual jobs.

Waste data KPI comparisons

Waste data for performance comparison purposes is based on the Northern Ireland Local Authority Collected Municipal Waste Management Statistics Annual Report 2024/2025, published in November 2025. This is the most up to date annual, validated data available.

This report provides both summary and detailed figures on the amount of local authority collected municipal waste in Northern Ireland in the latest reporting year.

Some key points relating to Lisburn & Castlereagh City Council are summarised below:

- its Local Authority Collected municipal waste arisings increased from 77,617 tonnes in 2023/24 to 78,739 tonnes in 2024/25
- its household waste preparing for reuse, dry recycling and composting rate was 50.4% down from 50.9% the previous year
- overall, there was considerable variation between household waste dry recycling rates. Derry City & Strabane recorded the highest dry recycling rate at 29.3%, whilst Lisburn & Castlereagh recorded one of the lowest rates at 18.6% below the NI average of 23.5%
- the Lisburn & Castlereagh household waste composting rate was 31.5%, a decrease from the 33% recorded for 2023/24, but above the NI average of 27.2%
- its household waste landfill rate of 32.6% reported for 2024/25 was above the NI average of 13.8%
- the Landfill Allowance Scheme (NI) Regulations 2004 (as amended) placed a statutory responsibility on councils, in each scheme year, to landfill no more than the quantity of biodegradable waste for which they had allowances. The scheme concluded at the end of the 2019/20 financial year. However, the continued monitoring of biodegradable waste is required for existing target commitments which specify it must be reduced to 35 per cent of the total amount (by weight) of biodegradable municipal waste produced in 1995. The L&CCC allocation for 2019/20 was 16,444 tonnes with the council landfilling 12,544 tonnes of Biodegradable Local Authority Collected Municipal Waste in 2024/25

Targets in the Waste (Circular Economy) (Amendment) Regulations (Northern Ireland) for municipal waste as follows:

- 55% recycling by 2025
- 60% recycling by 2030
- 65% recycling by 2035
- the amount of municipal waste landfilled to be reduced to 10% or less of the total amount of municipal waste generated by 2035

In 2024/25, LCCC recycled 50.8% of municipal waste (down from 51.3% in 2023/24) and landfilled 32.6% of municipal waste (compared to 37.8% the previous year).

Comparison of absence figures

Northern Ireland Audit Office – Local Government Audit Report December 2025
Although no absence figures have yet been published for 2025/2026, the Northern Ireland Audit Office advised the following in its Local Government Audit Report dated 11 December 2025:

"Staff sickness absence rates across the public sector were significantly impacted by the global pandemic. In all eleven councils, absence levels reduced during the early stages of the pandemic in 2020-21 to their lowest over the previous five years. However, as the pandemic ended and restrictions eased, this trend has reversed. In overall terms, the average 17.1 days absence per council staff member in 2023-24 is higher than the 16.9 days in 2022-23. This upward trend is also apparent across the vast majority of the eleven councils."

Number of days lost to sickness absence per year

COUNCIL	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Antrim and Newtownabbey	11.9	13.7	13.2	11.4	19.7	17.7	13.6
Ards and North Down	16.2	14.2	14.2	10.6	14.2	15.7	16.3
Armagh City, Banbridge and Craigavon	16.1	16.7	18.3	15.7	20.5	19.9	18.8
Belfast	13.7	13.7	13.6	10.9	16.3	17.1	17.0
Causeway Coast and Glens	15.8	17.1	17.7	12.4	19.2	17.0	18.1
Derry City and Strabane	14.0	12.3	14.5	10.4	16.8	16.5	18.7
Fermanagh and Omagh	12.9	10.4	13.8	9.7	13.1	11.9	12.8
Lisburn City and Castlereagh	16.7	13.3	13.8	11.5	13.6	15.8	18.4
Mid and East Antrim	17.1	14.1	10.6	4.7	15.2	17.9	17.0
Mid Ulster	12.4	12.9	11.7	9.7	12.1	13.1	13.2
Newry, Mourne and Down	17.1	14.7	15.8	13.6	20.7	23.3	23.9

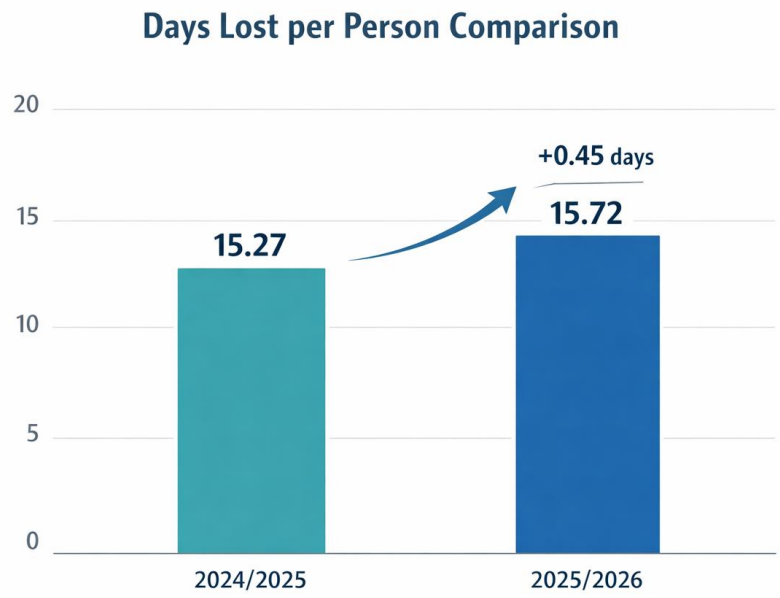
In the NIAO report for 2023/2024, Lisburn & Castlereagh City Council recorded the fourth highest number of sickness absence days per employee at 18.4.

No further absence information has been published by the Department for Communities or the Northern Ireland Audit Office for the 2024/2025 or 2025/2026 periods.

Council's Absence Trend
This report compares the Council's sickness absence position in the 2024/2025 financial year with that of 2025/2026.

In 2024/2025, the Council reported 15.27 days lost per person.

For 2025/2026, the Council reported 15.72 days lost per person, representing an increase of 0.45 days compared with 2024/2025.
A year-on-year comparison of the Council's sickness absence levels is set out below.



The Council maintains a strategic approach to absence management through proactive and preventative interventions. Regular meetings continue to take place with Directors, Heads of Service, individual units and line managers to review absence trends within their respective teams. These meetings are prioritised in service areas with the highest levels of sickness absence. As part of this process, detailed absence reports for each service area are considered at management meetings in order to identify areas requiring improvement.

HR & OD continues to provide Directors and Heads of Service with monthly sickness absence reports. These reports support management in monitoring and analysing attendance trends, enabling informed decision-making and early intervention. They also assist in identifying patterns of absence, supporting employee wellbeing, and ensuring the consistent application of attendance management policies.

HR clinics continue to be delivered in areas with the highest sickness absence rates, providing managers with targeted support and practical guidance to assist them in addressing attendance issues effectively.

A comprehensive training programme was developed and delivered to support implementation of the new Managing Attendance Policy and Procedure. This training has continued to ensure that new line managers understand their responsibilities under the revised policy and are equipped with the skills and resources required to manage sickness absence effectively within their teams.

Health & Wellbeing

A focus group has been established with representatives from across the Council, including Leisure, Community and Wellbeing, and Environmental Services. The group has two main purposes: first, to help plan health and wellbeing initiatives; and second, to identify targeted initiatives for operational units with higher sickness absence rates and lower engagement with previous health and wellbeing activity.

A Health and Wellbeing Strategy has been developed and implemented to help foster a supportive workplace culture. The Council continues to benefit from its network of 21 trained Mental Health First Aiders. These employees provide initial support to colleagues experiencing mental health difficulties in the workplace and are trained to recognise early signs of poor mental health. Their contribution helps maintain a supportive working environment and ensures that employees can access timely guidance and signposting to appropriate support services.

A dedicated HR representative supports the management of long- and short-term sickness absence, working in partnership with managers and adopting a supportive, coaching-based approach to attendance issues. In addition, a temporary HR & OD Adviser was recruited to help embed the new Managing Attendance Policy and Procedure and to support line managers in conducting monthly absence review meetings with employees who are absent due to long-term sickness.

The Council offers a range of voluntary contribution healthcare schemes and has organised both in person, and virtual presentations for staff to help promote these services.

The HR & OD Unit is working to ensure that information and support relating to mental health concerns are available and accessible to both managers and employees through a range of channels, including StayWell, the Council's health and wellbeing hub, the confidential counselling service, and Health and Wellbeing bulletins providing advice on a variety of topics, including national wellbeing days.

A range of health and wellbeing activities took place during 2025/2026, which align with the four health and wellbeing pillars set out in the Council's Health and Wellbeing Strategy.

USEL

The Council continues to work in partnership with USEL, a government-based organisation that supports employers in managing absence related to physical impairment or mental health issues. Services such as physiotherapy and counselling are available at no cost to the Council.

The Employment Services Officer remains in regular contact with employees, normally on a fortnightly basis.

At the end of 2025/2026 period, 10 employees were participating in the Workable (NI) Programme and the Condition Management Programme with USEL.

Employees must either be in work or preparing to return to the workplace in order to access the programme. Those referred to the relevant programmes are receiving support and assistance.

Absence Reporting

Absence management reports are provided monthly to the Corporate Management Team as part of the Corporate Health Dashboard. Reports are also provided quarterly to the Corporate Services Committee and the Governance & Audit Committee as part of the Council's KPIs.

Directors and Heads of Service receive monthly sickness absence statistics to support effective monitoring and management of sickness absence levels within their service areas.

In addition, the Council reviews how non-compliance issues are captured and reported to ensure that sickness absence is managed as effectively and efficiently as possible.

Overall, the report shows a modest increase in days lost per person in 2025/2026 compared with 2024/2025. However, the Council continues to take a proactive and structured approach to attendance management through regular monitoring, targeted management intervention, wellbeing initiatives and partnership support. These measures are intended to support employees effectively while promoting improved attendance across the organisation.

Comparison of Prompt Payment Information

Data summarising DfC Quarterly Prompt Payment Reports

Council Name	21/22			22/23			23/24			24/25			25/26		
	within 10 days	within 30 days	outside 30 days	within 10 days	within 30 days	outside 30 days	within 10 days	within 30 days	outside 30 days	within 10 days	within 30 days	outside 30 days	within 10 days	within 30 days	outside 30 days
Antrim and Newtownabbey Borough Council	13,855	17,101	4,232	12,999	17,938	4,625	18,300	22,083	4,315	17,912	20,239	1,801	17,309	19,547	1,783
Ards and North Down Borough Council	13,649	15,826	329	13,997	17,468	626	12,702	16,842	634	14,558	20,179	1,398	14,573	20,173	1,477
Armagh City, Banbridge and Craigavon Borough Council	11,957	20,659	1,053	15,408	21,457	1,209	18,850	22,706	885	17,390	22,365	1,357	17,924	23,287	1,730
Belfast City Council	57,882	66,649	4,553	72,656	79,378	7,081	61,301	70,456	5,173	53,191	61,691	7,433	87,557	95,441	3,692
Causeway Coast and Glens Borough Council	17,823	23,839	2,117	17,367	23,220	2,421	20,126	24,146	3,507	21,660	25,631	2,454	21,799	25,830	3,013
Derry City and Strabane District Council	5,375	13,311	7,273	7,881	16,838	6,066	8,390	18,074	3,897	8,733	18,476	3,870	8,828	19,310	3,645
Fermanagh and Omagh District Council	14,553	16,077	1,095	15,431	16,957	751	14,615	15,548	901	14,369	15,101	581	14,605	15,366	535
Lisburn and Castlereagh City Council	**13,898**	**16,006**	**1,491**	**13,338**	**15,380**	**2,247**	**11,478**	**15,826**	**2,012**	**9,771**	**13,470**	**4,162**	**15,059**	**17,279**	**776**
Mid and East Antrim Borough Council	27,210	38,164	2,120	29,230	34,130	5,171	17,093	21,250	4,843	18,147	22,454	1,356	21,216	27,684	3,108
Mid Ulster District Council	18,790	19,953	284	17668	18024	100	16673	16827	37	17144	17512	22	16,054	16,327	45
Newry, Mourne and Down District Council	3,042	15,442	1,998	6,730	13,746	2,243	8,832	16,812	887	7,559	15,380	917	5,580	15,999	1,780
Total	198,034	263,027	26,545	222,705	274,536	32,540	208,360	260,570	27,091	200,434	252,498	25,351	240,504	296,243	21,584
			289,572			307,076			287,661			277,849			317,827

Source: Unaudited data from Department for Communities quarterly publications

21/22	68.39%	90.83%	9.17%
22/23	72.52%	89.40%	10.60%
23/24	72.43%	90.58%	9.42%
24/25	72.14%	90.88%	9.12%
25/26	75.67%	93.21%	6.79%

Comparison of LCCC 'prompt payment' performance with NI councils

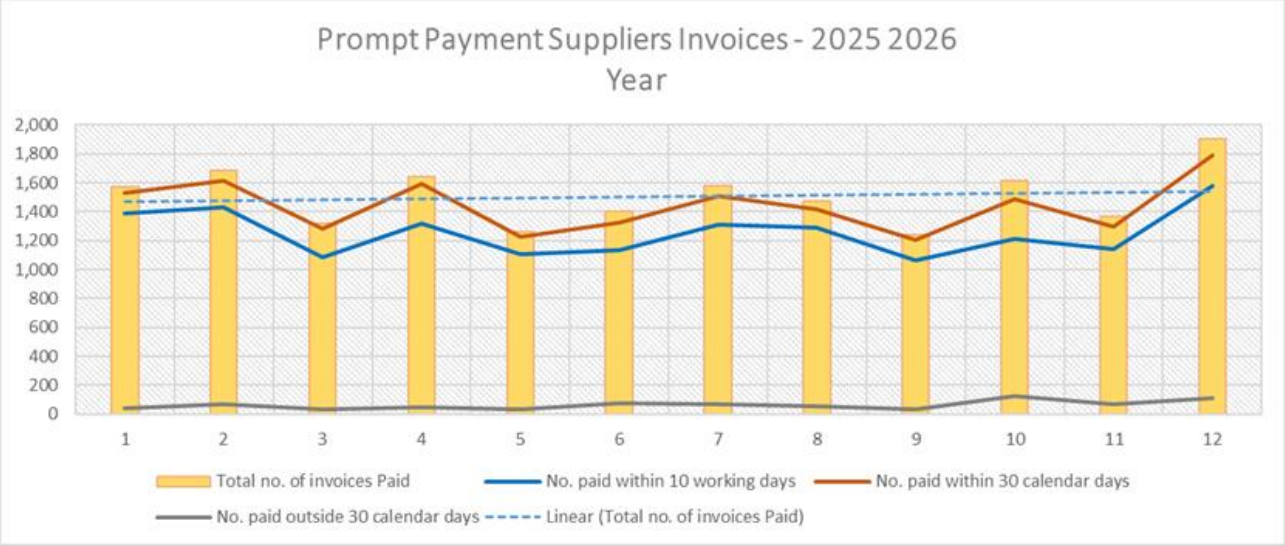
The table on previous page shows prompt payment performance statistics for all councils in Northern Ireland over the past 5 years.

Comparing Lisburn & Castlereagh City Council with the other councils, the following table details how LCCC ranks compared to the other 10 Northern Ireland Councils:

Payment Made	21/22	22/23	23/24	24/25	25/26
Within 10 Days	5th	5th	9th	9th	4th
Within 30 Days	8th	7th	7th	11th	4th
Outside 30 Days	8th	7th	7th	11th	4th
Invoices Paid	17,497	17,627	17,838	17,632	18,055
Total Invoices Paid by Councils	289,572	307,076	287,661	277,849	317,827
% Paid by LCCC	6%	6%	6%	6%	6%

A caveat of the information above is that there may be inconsistencies in the way data is collated within individual councils therefore direct comparison may not be meaningful.

LCCC has demonstrated measurable improvement in payment times compared to previous years and continues to undertake a structured review of its processes to support ongoing enhancement.



SECTION 5: Self-assessment of Self-Imposed Indicators

The council had 35 internal KPI's during 2025/2026 to monitor and track operational performance across all functional areas. These internal KPIs were categorised into 26 Performance Improvement and 9 Self-imposed (Corporate Plan) KPIs. (*Details of these can be found in appendix 1& 2*)

Performance Improvement KPI'S

Performance Improvement	Number of KPI's	KPI's Achieved	% Achieved
Ability to Measure KPI	26	20	77%

26 Performance Improvement KPIs were based on measurement in year.

20 were achieved by the end of March therefore 77% of our Performance Improvement KPIs scheduled for completion at the end of the financial year were achieved.

Below are some highlights of the KPIs which were achieved in 25/26:

1. A citizen consultation framework was developed and launched.
2. As a result of successful Community Conversations in Lisburn South, a village plan was developed for Ballymacash.
3. The Glenavy Village Plan Actions were delivered upon, these included; installation of a new playpark in Killultagh housing development, installation of a new bus shelter at Lyngrove, replacement of existing bins and increased capacity of bins in Glenavy, establishment of a pedestrian crossing in the village and capacity building with the local community groups as well as biodiversity projects delivered within schools.
4. Approx 0.28% of collected waste going to landfill through the residual waste treatment contract.
5. Approx 83% of supplier invoices paid within 10 days.
6. Approx. 96% of supplier invoices paid within 30 days.
7. 161 residents within our area have participated in the various Labour Market Partnership Programmes, giving them the opportunity to pursue new employment outcomes. This far exceeded the target set of 100 per annum.
8. We delivered specialist employability support and advice to 64 residents with a disability. This was an increase of 156% on our target of 25 residents.

The five KPIs which were not on target at the end of the financial year have specific reasons for not being achieved. These are set out below:

- KPI 148: The % of older applications that were more than 18 months old, did not meet the target of 90%. This was an ambitious target and very good progress was made in reducing our backlog of older applications in real terms. The total number of older applications was reduced by 214 (*based on 298 older applications as at 31st March 2025).
- KPI 219: The Village plan for Downshire West was not completed but will be carried forward into 26/27.

- KPI 235: The implementation of the Planning validation checklist was pending due to the formal public consultation process which is now complete. Draft validation checklist being amended to reflect comments received. Subject to Committee approval it is intended to bring forward a direction of adopt the checklist in Q2 of the 26/27 financial year.
- KPI 235: Proportion of invalid applications returned within 5 working days, this KPI cannot be measured because it is linked to above implementation of the validation checklist.
- KPI 258: Average rolling year absence was 15.72 days at the end of Q4 and the target was 14. This was because of the long term absence that had increased in January, February and March. Work is on-going with targeted units to identify ways forward on individual cases to reduce this.

The 1 KPI that was nearly achieved at the end of the financial year had the following reason:

- KPI 234: Average processing time for local planning applications. The target was 20 and the actual was 22.8. In Q4 the KPI was only missed by 2.8 weeks and it validates as previously stated that good progress is made in improving processing times.

Appendix 1 *provides a detailed breakdown of how we performed against each performance improvement KPI. They were analysed either on a quarterly basis or at the end of the financial year.*

Corporate Plan - Self-imposed KPI'S

Corporate Plan	Number of KPI's	KPI's Achieved	% Achieved
Ability to Measure KPI	9	8	89%

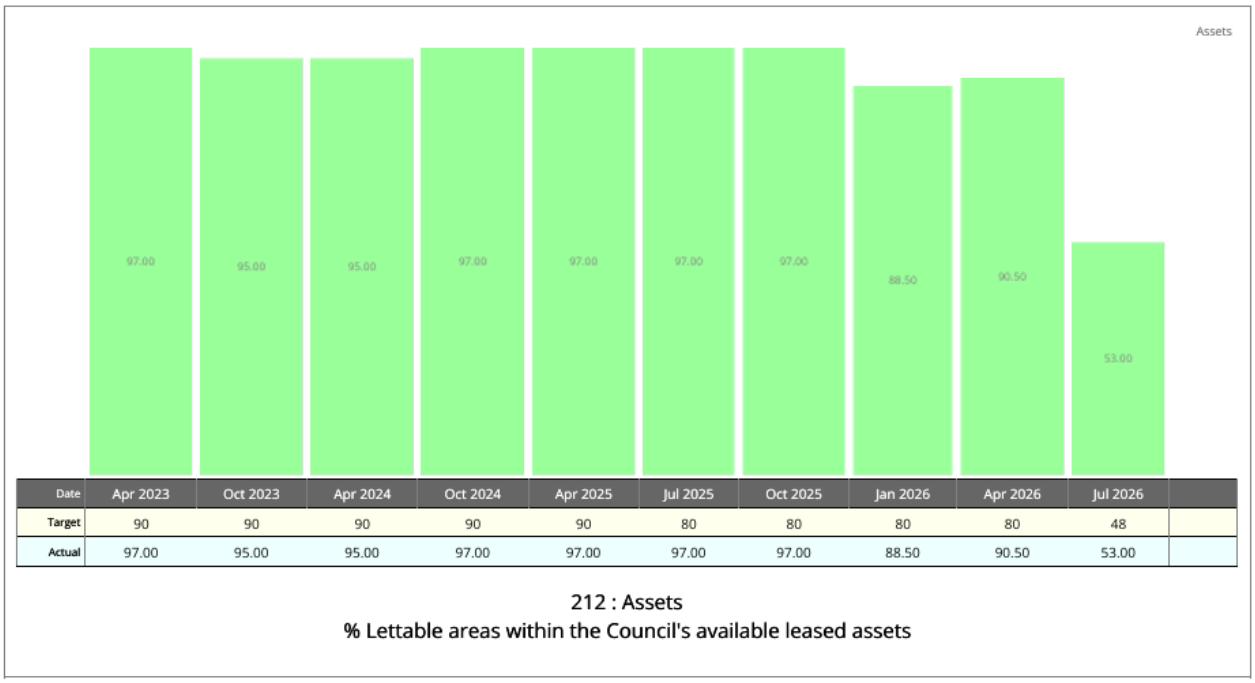
Corporate Plan 2024-2028 Theme	KPI	Target 2025/26	Actual 2025/26	Result
Civic Leadership	Assets Rental from the Council's leased assets - % Lettable areas within the Council's available leased assets	80%	90.5%	↑
Prosperity	Number of new jobs per annum	160	175	↑
	Further projects with BRCD: Destination Royal Hillsborough Programme including planning permission	Yes	Yes	→
	Capital Programme % Expenditure measured against Budget	95%	82.93%	↓
People	Number of Health & Wellbeing Programmes	80	115	↑
	Number of participants on the Health & Wellbeing Programmes	1800	9237	↑
	Number of Community Events	100	219	↑
Planet	Progress the Dundonald International Ice Bowl redevelopment. (DIIB project proceeding to Construction Phase and building complete)	60%	60%	→
	Enhance burial provision - Number of new grave plots in operation (cumulative)	400	438	↑

During 2025/26 a review of all KPIs was undertaken, with the organisation's suite of indicators categorised into; Performance improvement KPIs, Self-imposed (Corporate Plan KPIs) and Management Information KPIs. The Self-imposed (Corporate Plan KPIs) were

reviewed in detail during 2025/26 to make them specific to the Corporate Plan 2024-28. The number of Self-imposed (Corporate Plan KPIs) for 2025/26 was reduced to 9 from 51 in 2024/25.

During 2025/26 there were 9 corporate plan / self-imposed KPIs. 8 were achieved by the end of March therefore 89% of our self-imposed KPIs scheduled for completion at the end of the financial year were achieved. 1 was not met and this KPI related to the Capital Programme Expenditure measured against Budget, this KPI is being carried forward into 26/27 for further measurement. Overall, performance against the Corporate Plan self-imposed KPIs was strong, with 8 out of 9 KPIs achieved (89%). The table on the on the previous page shows that most themes of the Corporate Plan were either met or exceeded target, with the main area of underperformance relating to one measure under Prosperity.

Performance under the theme of Civic Leadership was strong. The KPI measuring the percentage of lettable areas within the council's available leased assets exceeded target, achieving 90.5% against a target of 80%. The graph below shows strong performance in the management of the Council's leased assets during 2025/26.



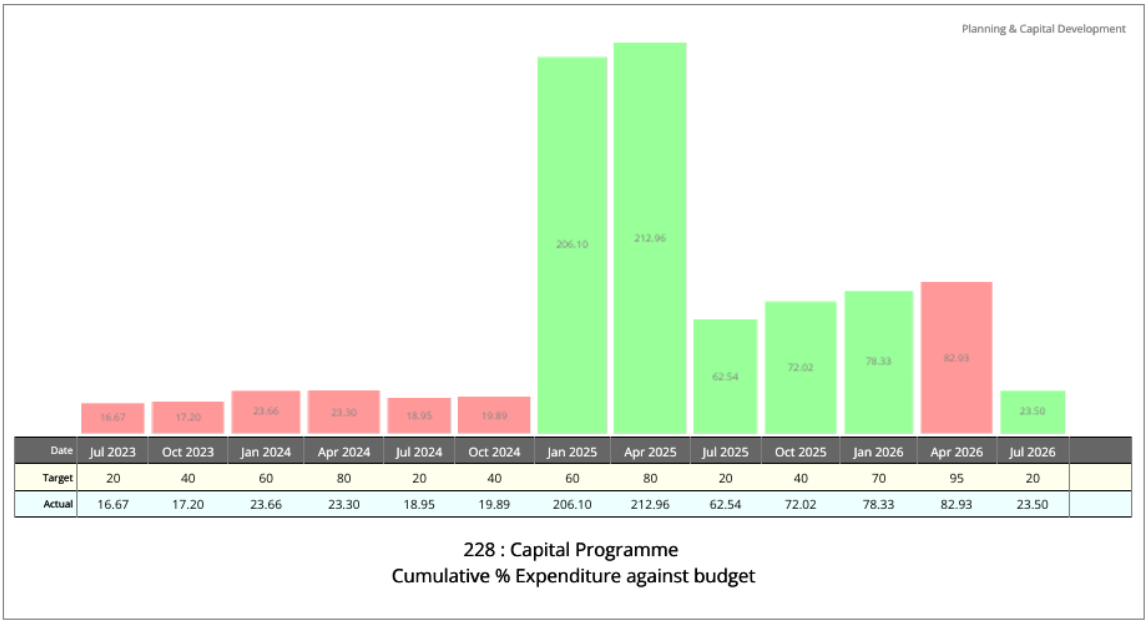
Date	Apr 2023	Oct 2023	Apr 2024	Oct 2024	Apr 2025	Jul 2025	Oct 2025	Jan 2026	Apr 2026	Jul 2026
Target	90	90	90	90	90	80	80	80	80	48
Actual	97.00	95.00	95.00	97.00	97.00	97.00	97.00	88.50	90.50	53.00

212 : Assets
% Lettable areas within the Council's available leased assets

This indicates that the Council made effective use of its available leased estate, with a high proportion of space available for rental or occupation. The result demonstrates positive asset utilisation and supports the Council's wider aim of managing its resources efficiently and maximising value from its property portfolio.

Performance under the Prosperity theme was mixed, with two KPIs achieved and one not achieved. Number of new jobs per annum exceeded target, with 175 jobs achieved against a target of 160. Destination Royal Hillsborough / BRCD planning milestone was achieved.

The graph below shows that capital programme expenditure increased across the year but did not reach the year-end target. By the end of 2025/26, the Council had achieved 82.93% expenditure against budget, compared with the target of 95%.



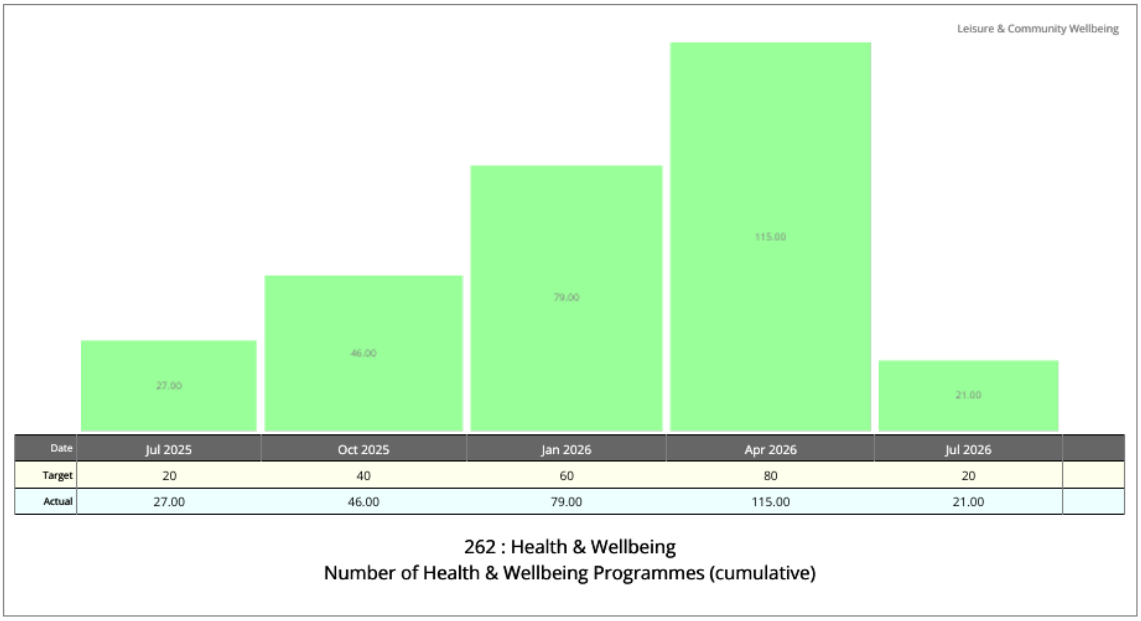
Date	Jul 2023	Oct 2023	Jan 2024	Apr 2024	Jul 2024	Oct 2024	Jan 2025	Apr 2025	Jul 2025	Oct 2025	Jan 2026	Apr 2026	Jul 2026
Target	20	40	60	80	20	40	60	80	20	40	70	95	20
Actual	16.67	17.20	23.66	23.30	18.95	19.89	206.10	212.96	62.54	72.02	78.33	82.93	23.50

228 : Capital Programme
Cumulative % Expenditure against budget

This indicates that while a significant proportion of planned capital investment was delivered, some expenditure was delayed or reprofiled beyond the financial year. The underperformance reflects slippage in the timing of capital project delivery rather than a lack of focus on the programme. This KPI will be carried forward into 2026/27 to support continued monitoring of capital delivery and budget performance.

This means the Prosperity theme delivered strongly in relation to jobs and strategic project progression, but capital spend fell below expectation, likely reflecting delays or slippage in project delivery rather than lack of activity.

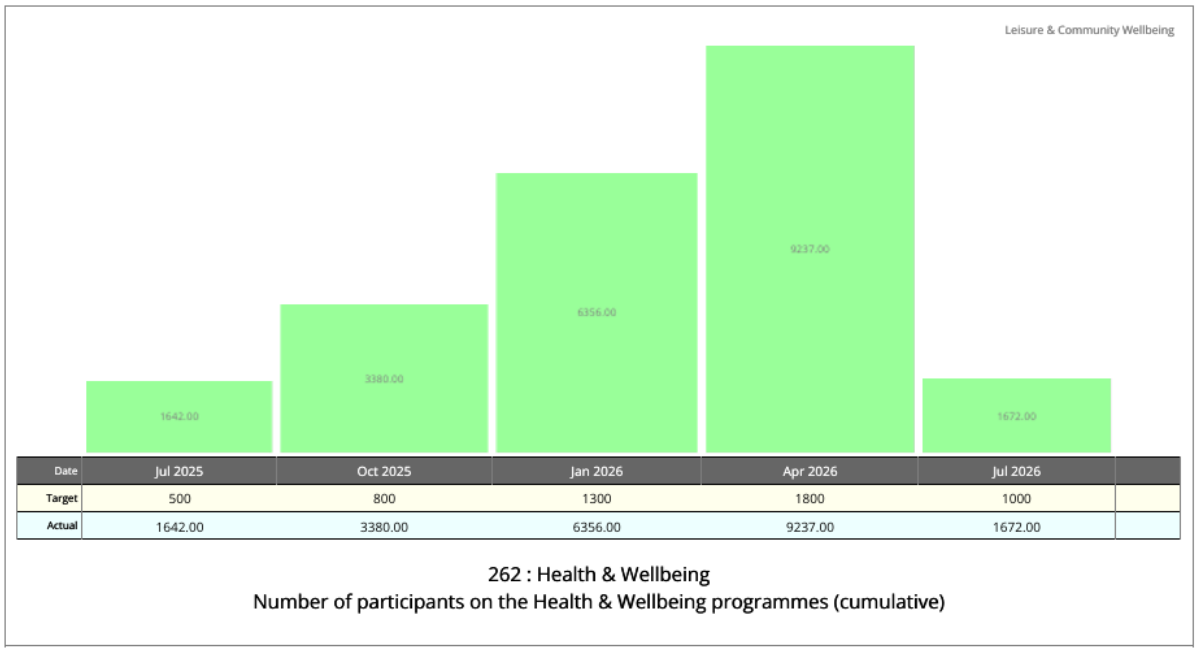
Performance under People was particularly strong, with all three KPIs significantly exceeding target: The graph below shows very strong performance in the delivery of health and wellbeing activity during 2025/26. The Council delivered 115 health and wellbeing programmes against a target of 80, exceeding the target by 35 programmes. Participation



Date	Jul 2025	Oct 2025	Jan 2026	Apr 2026	Jul 2026
Target	20	40	60	80	20
Actual	27.00	46.00	79.00	115.00	21.00

262 : Health & Wellbeing
Number of Health & Wellbeing Programmes (cumulative)

was also significantly higher than expected, with 9,237 participants taking part against a target of 1,800 (see graph below).

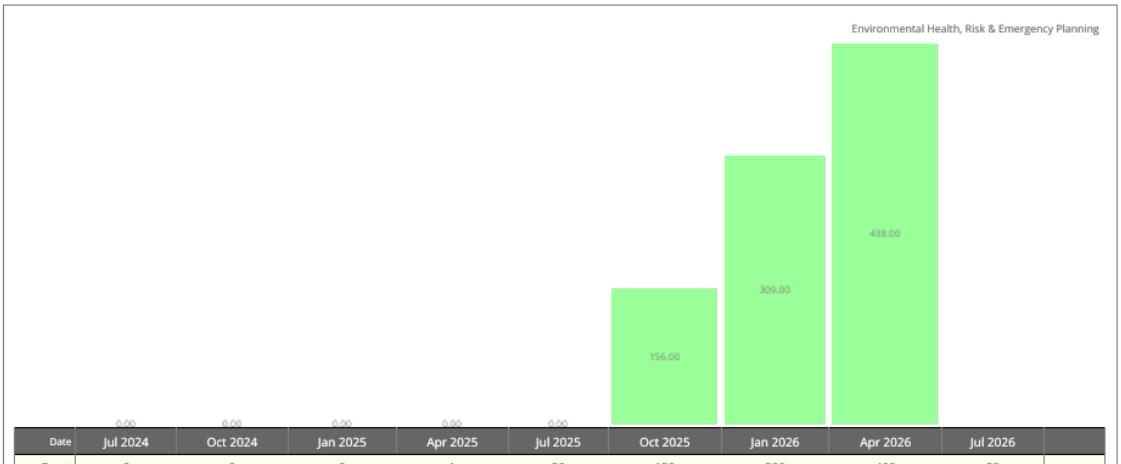


Date	Jul 2025	Oct 2025	Jan 2026	Apr 2026	Jul 2026
Target	500	800	1300	1800	1000
Actual	1642.00	3380.00	6356.00	9237.00	1672.00

262 : Health & Wellbeing
Number of participants on the Health & Wellbeing programmes (cumulative)

In addition, 219 community events were delivered against a target of 100. This suggests exceptionally high delivery and engagement under the People theme and demonstrates strong demand for health, wellbeing and community-based activities. It also shows that the Council exceeded its planned contribution to supporting people to live healthier, more connected and fulfilling lives.

Performance under the Planet theme was positive, with both measurable KPIs achieved: Dundonald International Ice Bowl redevelopment reached its target milestone of 60%. The graph below, shows positive performance in relation to enhanced burial provision during 2025/26. The Council exceeded its target of 400 new grave plots in operation, achieving 438 by year end. This represents strong progress in increasing burial capacity and demonstrates



Date	Jul 2024	Oct 2024	Jan 2025	Apr 2025	Jul 2025	Oct 2025	Jan 2026	Apr 2026	Jul 2026
Target	0	0	0	1	50	150	300	400	50
Actual	0.00	0.00	0.00	0.00	0.00	156.00	309.00	438.00	

246 : Enhance burial provision
Number of new grave plots in operation (cumulative)

effective delivery against the Corporate Plan measure. The result supports the Council's wider commitment to ensuring appropriate, sustainable and well-managed local infrastructure for residents.

Appendix 2 *provides a detailed breakdown of how the council performed against each self-imposed KPI, including explanatory notes where necessary. The KPIs were analysed on a quarterly basis (where possible).*

Appendix 1 – Performance Improvement KPIs

Planning & Capital Development

148 : Older Applications Reduce the % of older applications that are more 18 months old

Reduce the % of older applications that are more 18 months old (*based on 298 older applications as at 31st March 2025)

	Jul 25	Oct 25	Jan 26	Apr 26
Target	20%	40%	70%	90%
Actual	28% * 1	50% * 2	61% * 3	71.81% * 4

Notes:

1 During this quarter 84 older applications were processed and the target was exceeded. This however means that the statutory target for local applications could not be met as our focus remained on processing older applications.

2 Q2 - target met.

3 There was limited opportunity to perform against this measure in December which impacted adversely on our ability to meet the target for quarter 3.

4 The total number of older applications has been reduced by 214. While the target of 90% was not reached this was due to a number of operational constraints. This was an ambitious target and very good progress was made in reducing our backlog of older applications in real terms.

Communities

219 : Community Conversations In Lisburn South and Downshire West

Village plan developed for Lisburn South (Ballymacash) by end of September 25

	Jul 25	Oct 25	Jan 26	Apr 26
Target	No	No	Yes	Yes
Actual	No * 1	No * 2	Yes * 3	Yes * 4

Notes:

1 Community consultation will be held in Ballymacash on the evening of 4 September and an Action Plan produced by end September

2 Community consultation was held in Ballymacash on the evening of 3rd September and a draft Action Plan has been produced. A refined version of the Ballymacash Village Action Plan will be presented back to community representatives and partners on 9 October 2025 for review, agreement, and forward progression.

3 The Ballymacash Village Action Plan was presented back to community representatives and partners on 9 October 2025. The plan was endorsed by attendees and is now being progressed, with delivery actions led by partners and supported through ongoing Community Planning engagement and monitoring.

4 Community Planning updated and discussed with the Ballymacash Interagency Forum in March 2026 on Village Plan progress.

Village plan developed for Downshire West by end March 26

	Jul 25	Oct 25	Jan 26	Apr 26
Target	No	No	No	Yes
Actual	No * 1	No * 2	No * 3	No * 4

Notes:

1 Waiting for confirmation that Moira will be the location for the new Village Plan.

2 Discussions are still on-going in regards to specific location of the next Village Plan

3 The location of the next Village Plan has not yet been confirmed. Further internal scoping discussions are underway to inform a decision.

4 Progress has been made in advancing the Village Planning Programme, with a proposed structured delivery model of five village plans for 2026-27 under consideration and a proposed schedule of DEA sequencing under consideration to support a coordinated rollout across this time period.

Innovation

225 : Engagement Methods Implementation of framework

		Jul 25	Oct 25	Jan 26	Apr 26
Development of citizen consultation framework	Target	Yes	Yes	Yes	Yes
	Actual	Yes *1	Yes *2	Yes *3	Yes *4
Notes:		1 In development and brought to CMT in Q2. 2 Citizen Engagement Framework presented to CMT and agreed as an internal document. 3 The Framework has been agreed and is being presented to CMT week beginning 12th January, this will then be taken to committee in February. Once approved at Committee and ratified it will immediately be available and promoted for use across council. 4 The Framework has been approved through February CSC. Framework being demonstrated to all DMTs.			
Launch of citizen consultation framework	Target	No	Yes	Yes	Yes
	Actual	No	No *1	No *2	Yes *3
Notes:		1 Citizen Engagement Framework has been presented to CMT and approved in principle, to be shared with Departments and launched on website at end of Q3. 2 Framework has been agreed and is being presented to CMT week beginning 12th January, this will then be taken to committee in February. Once approved at Committee and ratified it will immediately be available and promoted for use across council and will be launched on website in Quarter 4. 3 The Framework has been approved through February CSC. Framework being demonstrated to all DMTs. Framework available on Intranet and Website has a live consultation page			
Measure the number of consultations by Directorate	Target	No	No	Yes	Yes
	Actual	No	No	No *1	Yes *2
Notes:		1 The framework is a guidance document being developed for all officers. The measurement of the number of consultations will be developed when the framework is launched in Q4. 2 1. Performance Improvement Plan 2. Carryduff Household Recycling Centre Redevelopment 3. Proposed Development at Barbour Park 4. Planning Application Validation Checklist			
Create a consultation page on website	Target	No	No	No	Yes
	Actual	No	No	No	Yes *1
Notes:		1 Created and live on website including previous consultations that have closed.			

Economic Development

226 : Labour Market Partnership programme Participants

		Jul 25	Oct 25	Jan 26	Apr 26
Number of participants in the Labour Market Partnership programme (cumulative)	Target	0	20	60	100
	Actual	0 *1	55 *2	75 *3	161 *4

Notes:	**1** During Quarter 1 the Lisburn and Castlereagh Labour Market Partnership launched their first programme to be delivered as part of the 25/26 Action Plan. 12 participants completed the Classroom Assistant Academy. During this period, time has been spent on developing programmes and associated tender documentation with the aim to launch in September 2025. **2** During Quarter 2 the Lisburn and Castlereagh Labour Market Partnership launched a range of programmes as part of the 25/26 Action Plan. The remainder of the programmes outlined in the 25/26 Action Plan will be launched during Quarter 3. **3** During Quarter 3 the Lisburn and Castlereagh Labour Market Partnership launched a range of programmes as part of the 25/26 Action Plan. The remainder of the programmes outlined in the 25/26 Action Plan will be launched during Quarter 4. **4** During Quarter 4, the Lisburn and Castlereagh Labour Market Partnership launched and delivered an extensive portfolio of Skills Academies across areas such as Digital, Welding, Renewable Technologies, and Classroom Assistant support. Alongside this, an Employee Upskilling Programme was introduced, offering a variety of management qualifications to help develop staff skills. Additional funding was also secured, allowing a further 40 participants to take part in an engaging Gamified Learning programme.

Planning & Capital Development

234 : Local Applications (Internal KPI) Average processing time for local planning applications. (Processed from date valid to decision issued or withdrawn within an average of 22.5 weeks)

Reduce the average processing times to 22.5 weeks by year end. (assuming a starting point of 42.5 weeks)

	Jul 25	Oct 25	Jan 26	Apr 26
Target	39	30	25	20
Actual	47.8 * 1	25.6 * 2	22.4	22.8 * 3

Notes:	**1** There has been a continued focus on the processing of older applications which is still reflected in the processing times reported in this quarter. It should be noted however that 78 more applications were decided in this period than were received, given that significant numbers of older applications are being processed it is expected to achieve better performance closer to the statutory target for this indicator by the end of the year. **2** It is expected to achieve better performance closer to the statutory target for this indicator by the end of the year but it is unlikely to meet the average processing times of 22.5 weeks for the year. **3** In Q4 the KPI was only missed by 2.8 weeks and it validates as previously stated that good progress is made in improving processing times. It should be noted however that these comments are confined solely to performance in Q4. This should be distinguished from our end of year performance which is measured as an average of our performance over 12 months. It is anticipated that the average processing time for the end of year will be 29.4 weeks which means that we did not meet our performance target of 22.5 weeks for year end, by approximately 7 weeks.

235 : Planning Service Improvement Programme Monitoring the implementation of the Planning Service Improvement Programme during 25/26

Implementation of the validation checklist

	Jul 25	Oct 25	Jan 26	Apr 26
Target	No	Yes	Yes	Yes
Actual	No	No * 1	No * 2	No * 3

Notes:	**1** Stakeholder engagement has been concluded. Formal Public consultation process is now taking place for 12 weeks and we cannot proceed until the outcome of that process is known. **2** Stakeholder engagement has been concluded. Formal Public consultation process is ongoing and due to close on 23 February 2026. Cannot proceed until the outcome of that process is known. **3** Public consultation completed. Draft validation checklist being amended to reflect comments received. Subject to Committee approval it is intended to bring forward a direction of adopt the checklist in Q2 of the 26/27 financial year.

Proportion of invalid applications returned within 5 working days Q3 75% Q4 90%

	Jul 25	Oct 25	Jan 26	Apr 26
Target	0%	0%	75%	90%
Actual	0%	0%	Cannot be measured% * 1	Cannot be measured% * 2

Notes:	**1** Cannot be measured - linked to above implementation of the validation checklist. **2** Cannot be measured - linked to above implementation of the validation checklist.

Economic Development

254 : Inclusivity Delivery of specialist employability support and advice for those with a disability.

Number of people supported (cumulative)

	Jul 25	Oct 25	Jan 26	Apr 26
Target	0	5	15	25
Actual	0 * 1	23 * 2	23 * 3	64 * 4

Notes:

1 The Lisburn Castlereagh LMP delivered an employability event specifically targeting individuals with a disability or long-term health condition. The event focused on the provision of specialist advice and support regarding services available across the Council area. In addition to the DisAbility Employability event delivered by the Lisburn and Castlereagh Labour Market Partnership on 26th June 2025, we will also deliver a specialist employment programme for those with a disability that will provide qualifications, mentoring and employment support for 25 residents. This programme will go to tender in July with a planned launch to commence in September 2025.

2 The Lisburn Castlereagh LMP delivered an employability event specifically targeting employers of individuals with a disability or long-term health condition. The event focused on the provision of specialist advice and support for those considering providing employment opportunities for individuals with a disability. In addition to the Be Inclusive event delivered by the Lisburn and Castlereagh Labour Market Partnership, we will also deliver two specialist employment programme for those with a disability that will provide qualifications, mentoring and employment support for 45 residents. These programmes will be launched in Quarter 3.

3 In Q2 we supported 23 in total, therefore, this overachievement covers the Q3 target. This figure also doesn't include the 2 disability focused programmes (Thrive and Graduate) which aim to support an additional 45 participants. The recruitment hasn't been completed for these programmes so while it shows as a 0 in Q3 by Q4 we will have recruited in full. Overall it is anticipated that our annual return will have supported 78 in total which exceeds the annual KPI target of 25.

4 In Q4, we supported 10 participants through our Graduate Programme and a further 35 through our THRIVE programme. Both programmes help local residents build their skills, gain relevant qualifications, and access mentoring, while also connecting them with employers to support them into suitable local employment. In addition, we delivered another training session on our Be Inclusive toolkit, which provides employers with practical advice and support on recruiting and supporting staff who may face additional barriers or have a disability.

Recruitment onto specialist programme of support

	Jul 25	Oct 25	Jan 26	Apr 26
Target	No	Yes	Yes	Yes
Actual	No	No * 1	No * 2	Yes * 3

Notes:

1 In addition to the Be Inclusive event delivered by the Lisburn and Castlereagh Labour Market Partnership, we will also deliver two specialist employment programme for those with a disability that will provide qualifications, mentoring and employment support for 45 residents. These programmes will be launched in Quarter 3.

2 Recruitment onto the programme has commenced but will not be officially verified until Q4

3 In Q4, we supported 10 participants through our Graduate Programme and a further 35 through our THRIVE programme. Both programmes were fully recruited.

Delivery of accredited training

	Jul 25	Oct 25	Jan 26	Apr 26
Target	No	No	Yes	Yes
Actual	No	No	No * 1	Yes * 2

Notes:

1 Training will commence once recruitment onto the programme has been completed.

2 Yes – through two of our specialist support programmes, participants were provided with a range of qualifications designed to enhance their career paths. These qualifications were tailored to individual needs, rather than taking a one-size-fits-all approach.

Receive bespoke mentoring tailored to each individual action plan

	Jul 25	Oct 25	Jan 26	Apr 26
Target	No	No	No	Yes
Actual	No	No	No	Yes * 1

Notes:

1 Through two of our specialist support programmes, participants were provided with a bespoke action plan and individual mentoring support.

		Jul 25	Oct 25	Jan 26	Apr 26
Supporting participants on their journey Employment / Further Education	Target	No	No	No	Yes
	Actual	No	No	No	Yes * 1
Notes:	1 Through two of our specialist support programmes, participants were connected with local employers committed to creating inclusive workplaces. Support included interview preparation, employer engagement, and ongoing guidance to help participants move into employment / education.				

HR&OD

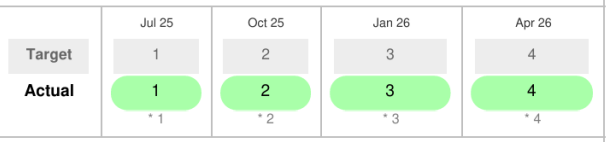
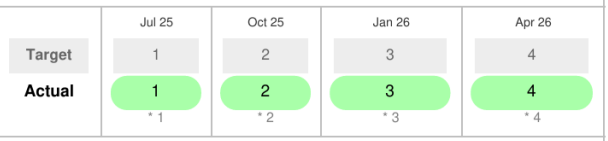
258 : Staff Absenteeism

		Jul 25	Oct 25	Jan 26	Apr 26
Average Rolling year absence	Target	15.5	15.0	14.5	14
	Actual	14.23	14.76	14.28	15.72 * 1
Notes:	1 Long term absence has increased in January, February and March. Work is on-going with targeted units to identify ways forward on individual cases to reduce this.				

Communities

259 : Glenavy Village Plan Actions

		Jul 25	Oct 25	Jan 26	Apr 26
Installation of new playpark in Killultagh housing development by end of Q1	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	Yes * 2	Yes * 3	Yes * 4
Notes:	1 Completed by Parks Dept in April and funded through the Small Settlements Fund. 2 The Parks Department completed the installation of the new playpark. It was funded through the Small Settlements Fund and is now fully operational. 3 The Parks Department completed the installation of the new playpark. It was funded through the Small Settlements Fund and is now fully operational. 4 Project was completed in qtr 2.				
Installation of new bus shelter at Lyngrove by end of Q2	Target	No	Yes	Yes	Yes
	Actual	No * 1	No * 2	No * 3	Yes * 4
Notes:	1 Regeneration & Growth Committee approved this in June and written consent has been given to DfI, on behalf of Translink to adopt the four square metres of land, who are applying for planning permission. 2 A planning application has been submitted to LCCC Planning for the shelter. Awaiting planning decision. 3 This was installed in January. A further update will be provided in the Q4 report. 4 This has been progressed with the installation of the bus shelter at Lyngrove Hill/Crumlin Road, Glenavy (funded through the Small Settlements Regeneration Programme).				
Replacement of existing bins and increased capacity of bins in Glenavy area.	Target	Yes	Yes	Yes	Yes
	Actual	Yes * 1	Yes * 2	Yes	Yes
Notes:	1 Completed by Waste Management 2 Waste Management has completed this action. New bins have been installed in key locations across the Glenavy area, with enhanced capacity now in operation.				
Establishment of a pedestrian crossing in the village of Glenavy.	Target	No	No	No	Yes
	Actual	No * 1	No * 2	No * 3	Yes * 4

Notes:	**1** Economic Development taking forward , and will follow up with DfI in terms of the process. Further update to follow. **2** The Department for Infrastructure (DfI) has responded to the request for a pedestrian crossing on Glenavy Road, confirming that while a survey was conducted in November 2023, the location did not rank highly against other sites based on assessed need. DfI uses a consistent, criteria-based process that considers pedestrian and vehicle volumes, traffic speed, road width, proximity to amenities, vulnerability of users, and collision history. Although the Glenavy Road site does not meet current thresholds for funding, it will remain on the DfI list for future consideration should priorities or conditions change. **3** The Department for Infrastructure (DfI) has responded to the request for a pedestrian crossing on Glenavy Road, confirming that while a survey was conducted in November 2023, the location did not rank highly against other sites based on assessed need. DfI uses a consistent, criteria-based process that considers pedestrian and vehicle volumes, traffic speed, road width, proximity to amenities, vulnerability of users, and collision history. Although the Glenavy Road site does not meet current thresholds for funding, it will remain on the DfI list for future consideration should priorities or conditions change. **4** No further action as per previous quarterly update.
Capacity building with local community groups (cumulative)	
Notes:	**1** A networking event was held at St Clare's Community Hall in Glenavy with local community organisations to identify needs on 29 Jan 2025. Following this, accredited food hygiene and CPR training has been delivered. Further engagement through a subsequent networking event is planned for Sep 2025. **2** A second networking session is scheduled for November 2025. Community Planning will also attend the November 2025 Community Services Connection event to share updates on completed or unfeasible actions in the Glenavy Village Plan. **3** A community networking and update event was held at St Clare's Community Hall, Glenavy, in December 2025, bringing together local community organisations to identify needs, share progress and support delivery of the Glenavy Village Plan. This session built on earlier engagement and strengthened coordination between local groups, Community Services and Community Planning. The December 2025 session provided an opportunity to present the latest position on the Glenavy Village Plan, confirm completed and in-progress actions, gather further community feedback, and reinforce shared priorities across physical, community and environmental themes. Community Planning will continue to engage with local networks and attend relevant Community Services connection events to share updates on progress, including actions that are completed, ongoing or no longer feasible, ensuring transparency and continued community involvement in delivery. **4** The next Community Network event is planned for summer 2026. This event will also present the opportunity to continue working closely with the local organisational network to enhance the aspiration for further capacity building.
Biodiversity projects with schools / woodland & horticulture events in Glenavy throughout year (cumulative)	
Notes:	**1** Ballymacrickett Primary School has a lovely woodland area and the Community Engagement Officer in Parks Dept worked with a group of pupils in autumn 2024 doing tree identification and seed collection. She returned to the school in Dec bringing a range of bulbs and worked with the eco counsellors and children from the afterschool club to plant the bulbs in flower beds surrounding the school. The primary school has great outdoor facilities with a mini forest, raised beds for vegetables and they are in the process of building an outdoor classroom. **2** Ballymacrickett Primary School has actively participated in this work. This action is complete. **3** A bulb planting session with completed with Ballymacrickett PS on Wednesday 10th December. Approximately 60 children participated in the planting and really enjoyed the activity. **4** Ballymacricket Primary School Eco Team continues to play a key role in promoting environmental awareness, leading activities such as recycling, planting, litter reduction and peer education, while maintaining their Green Eco Schools flag status. Pupils participated in practical workshops including the construction of bird and bat boxes, pond exploration and wildlife observation, supporting hands-on learning in biodiversity. In addition, recently pupils engaged in a trout rearing project, observing development from eggs to fry prior to release, supported by Glenavy Conservation and Angling Club.

Operational Services

263 : Waste collection % of collected waste going to landfill through the residual waste treatment contract

		Jul 25	Oct 25	Jan 26	Apr 26
Less than 10% of our collected waste will go to landfill	Target	10%	10%	10%	10%
	Actual	0%	0.24%	0.31%	0.28%

Finance

268 : Finance Prompt payments

		Jul 25	Oct 25	Jan 26	Apr 26
% of supplier invoices paid within 10 days	Target	65%	70%	75%	80%
	Actual	85.2%	82.62%	85.55%	80.54% * 1
Notes:	1 Overall average for the year 83.41%				
% of supplier invoices paid within 30 days	Target	88%	90%	92%	95%
	Actual	96.81%	96.44%	96.11%	93.66% * 1
Notes:	1 Slight reduction in quarter 4. Overall average for the year 95.7%				

Appendix 2 – Self Imposed Key Performance Indicators (Corporate Plan KPIs)

Economic Development

38 : New Jobs Number per annum

Number of new jobs linked to economic development programmes (cumulative)

	Jul 25	Oct 25	Jan 26	Apr 26
Target	15	40	70	160
Actual	34 * 1	72 * 2	113 * 3	175 * 4

Notes:

1. Belfast City Council – Go-Succeed PMO have not verified Qtr.1 numbers
2. This is a cumulative figure, 38 jobs in Q2. LCCC still awaiting Belfast City Council – Go-Succeed PMO to verify Qtr.2 numbers
3. Actual Total is a cumulative figure. New jobs for Q3 - 41. Belfast City Council, PMO still to verify Go Succeed numbers
4. During Q4 delivery of the 25/26 LMP Action Plan a total of 42 jobs were created. PMO Suggested - 20 (Jan-Feb Only) LCCC has raised concern with Belfast City Council PMO regarding potential discrepancies in statutory job calculations. Additionally, March figures yet to be finalised by BCC PMO.

Assets

212 : Assets Rental from the Council's leased assets

% Lettable areas within the Council's available leased assets

	Jul 25	Oct 25	Jan 26	Apr 26
Target	80%	80%	80%	80%
Actual	97% * 1	97% * 2	88.5%% * 3	90.5%% * 4

Notes:

1. The majority of the remaining lettable space within Bradford Court has been agreed for lease to a Government Agency. The two vacant units at Ballyoran have been agreed by way of license and the agreements are in progress with solicitors.
2. There has been no change in the % Lettable areas within the Council's available leased assets since Q1. The tenancy of Bradford Court is due to increase going forward and will therefore impact on this KPI.
3. Lease agreements have now been signed with NIO, however there are a total of 6 properties that we are in the process of completing the leases on.
4. Five lease agreements are still being processed for completion by solicitors.

Planning & Capital Development

228 : Capital Programme Expenditure measured against Budget

Cumulative % Expenditure against budget

	Jul 25	Oct 25	Jan 26	Apr 26
Target	20%	40%	70%	95%
Actual	62.54%	72.02% * 1	78.33% * 2	82.93% * 3

Notes:

1. Committed spend within capital programme as at the end of period 6 (quarter 2) is 72.02%. This figures includes actual spend to date plus committed orders. This is mainly due to the profiled spend being committed by purchase order on the DIIB redevelopment project.
2. Committed spend within capital programme as at the end of period 9 (quarter 3) is 78.33%. This figures includes actual spend to date plus committed orders. This is mainly due to the profiled spend being committed by purchase order on the DIIB redevelopment project.
3. Commitments are excluded from Q4 report as they have rolled forward to the next financial year and no longer have an impact on 25/26 figures. Q4 report reflects only the actual spend to date. Previous quarters included committed.

Regeneration & Growth

245 : Progress the Dundonald International Ice Bowl redevelopment. DIIB project proceeding to Construction Phase and building complete

Building completion		Jul 25	Oct 25	Jan 26	Apr 26
	Target	30%	40%	50%	60%
	Actual	30%	40%	50%	60%

Environmental Health, Risk & Emergency Planning

246 : Enhance burial provision Increase number of plots in line with outline business case

Number of new grave plots in operation (cumulative)		Jul 25	Oct 25	Jan 26	Apr 26
	Target	50	150	300	400
	Actual	0 * 1	156 * 2	309 * 3	438 * 4

Notes:

1 Contractor procured during Q1. Contractor commenced onsite in July 2025. A further update will be provided at the end of Q2.

2 156 graves developed, with 98 available for release.

3 309 graves available for sale

4 438 graves available for sale.

Innovation

247 : Further projects with BRCD: Destination Royal Hillsborough Programme including planning and award of contracts.

Planning permission by end Q2		Jul 25	Oct 25	Jan 26	Apr 26
	Target	No	Yes	Yes	Yes
	Actual	No	No * 1	No * 2	Yes * 3

Notes:

1 The key reasons for not achieving planning permission are as follows: - The complete set of design drawings were not provided to LCCC by the designers at the exact date they were requested, there was a delay with one drawing. - HED have not responded with their views on the revised drawings and given the Heritage aspect of this village it would be foolish to proceed without HED input. - DfI had a few minor issues with the new drawings and these needed to be amended by the design team

2 Planning application was approved at Planning Committee on Monday 12th January 2026. This will be reflected in the Q4 KPI.

3 Planning application was approved at Planning Committee on Monday 12th January 2026

Leisure & Community Wellbeing

262 : Health & Wellbeing Programmes & events

Number of Health & Wellbeing Programmes (cumulative)		Jul 25	Oct 25	Jan 26	Apr 26
	Target	20	40	60	80
	Actual	27	46 * 1	79 * 2	115 * 3

Notes:

1 In quarter 2 there were an additional 19 health and wellbeing programmes delivered with10 programmes delivered through Outreach and Inclusion and nine through the Health and wellbeing officer .

2 In quarter 3 there were an additional 33 programmes; 14 were delivered by the health and wellbeing officer and 19 programmes were delivered by the outreach and inclusion officer.

3 In quarter 4 there were an additional 36 programmes; 21 were delivered by the health and wellbeing officer and 15 programmes were delivered by the outreach and inclusion officer.

Number of participants on the Health & Wellbeing programmes (cumulative)		Jul 25	Oct 25	Jan 26	Apr 26
	Target	500	800	1300	1800
	Actual	1642 * 1	3380 * 2	6356 * 3	9237 * 4

Notes:	**1** Subsequent to the KPI being set a number of new programmes such as Pilates in the park were introduced by the Wellbeing team and they have proven to be very popular. Given that a number of these activities are seasonal the numbers will reduce after Q2. **2** In quarter 2 there were an additional 19 health and wellbeing programmes delivered with 10 programmes delivered through Outreach and Inclusion and nine through the Health and wellbeing officer. The Outreach and Inclusion programmes had 209 participants during this period while the health & wellbeing programmes had 1529 participants during this period, bringing the total to 19 programmes with 1738 participants in Quarter 2. Subsequent to the KPI being set a number of new programmes such as Pilates in the park were introduced by the Wellbeing team and they have proven to be very popular. Given that a number of these activities are seasonal the numbers will reduce after Q2. Their popularity could not have been anticipated when the targets for these programmes and participants were set. Due to the quick inception of the newly established Health & Wellbeing structure, officers were able to increase the number of classes along with securing in year funding from the Trust. **3** In Q3 there were an additional 2,976 participants in all of the health & wellbeing programmes. 510 participated in the outreach and inclusion programmes and 2466 in the health & wellbeing programmes. Their popularity could not have been anticipated when the targets for these programmes and participants were set. Due to the quick inception of the newly established Health & Wellbeing structure, officers were able to increase the number of classes along with securing in year funding from the Trust. **4** In Q4 there were an additional 2,881 participants in all of the health & wellbeing programmes. 302 participated in the outreach and inclusion programmes and 2579 in the health & wellbeing programmes. Their popularity could not have been anticipated when the targets for these programmes and participants were set. Due to the quick inception of the newly established Health & Wellbeing structure, officers were able to increase the number of classes along with securing in year funding from the Trust.
Number of Community Events (Cumulative)	

	Jul 25	Oct 25	Jan 26	Apr 26
Target	25	50	75	100
Actual	27 * 1	62 * 2	128 * 3	219 * 4

Notes:	**1** 6 community events for Community Services, 10 Community Planning Events, 8 Age friendly events, 1 Mayors Parade, 2 Biodiversity **2** In Q2 35 Community events were held: PCSP = 12 events Community Services = 6 C Planning = 5 (Youth Councils and Ballymacash event) Age Friendly = 9 (Summer scheme) and Dementia Friendly Community Training + Ballybeen Walking Group + Dementia Info Day = 3 **3** In Q3 66 Community Events; Age Friendly – 4 Events Community Planning - 16 events PCSP - 46 events involving 2,565 persons **4** In Q4 91 Community Events; Age Friendly – 6 Events Community Planning / ILCLM & Arts - 15 events Community Services - 24 events PCSP - 46 events involving 1,185 persons

Appendix 3 – Annual Complaints Report 2025/26

Links below:-

https://www.lisburncastlereagh.gov.uk/documents/d/guest/detailed-complaints-report-2025-26

https://www.lisburncastlereagh.gov.uk/documents/d/guest/annual-dashboard-customer-care-complaints-and-compliments-2025-26

Contacts for Feedback and Review

If you would like further information or if you wish to get in touch, please do so by one of the following methods:

Website: https://www.lisburncastlereagh.gov.uk/w/performance-improvement

Telephone: Performance Improvement Officer on 028 9244 7415

Email: performance@lisburncastlereagh.gov.uk

Write to Us: Performance Improvement Officer, Lisburn & Castlereagh City Council, Civic Headquarters, Lagan Valley Island, Lisburn, BT27 4RL

Lisburn & Castlereagh City Council, on request, will take all reasonable steps to provide this document in alternative formats and in minority languages to meet the needs of those who are not fluent in English.

www.lisburncastlereagh.gov.uk/**performance**

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Committee:	Governance & Audit
Date:	10 September 2026
Report from:	Head of Service - Environmental Health, Risk and Emergency Planning

Item for:	Noting
Subject:	Corporate Risk Register

1.0	**Background and Key Issues**
1.1	Corporate Risks have been reviewed and are detailed in Appendix I with 9 No Corporate Risks currently recorded.
1.2	The following Corporate Risks remain stable with no change to residual risk scores since the previous review: • Emergency Planning / Business Continuity (CRR002) – Residual Risk remains Medium (6). • Capital Programme (CRR004) – Residual Risk remains Medium (6). • Cyber Security (CRR006) – Residual Risk remains High (12). • Financial Sustainability (CRR007) – Residual Risk remains Medium (9). • Procurement (CRR009) – Residual Risk remains Medium (6). • Burial Grounds (CRR0011) – Residual Risk remains Medium (9). • Dundonald International Ice Bowl (DIIB) Project (CRR012) – Residual Risk remains Medium (9). • Information Governance (CRR013) – Residual Risk remains Medium (9). • Compliance (CRR014) – Residual Risk remains High (12).
1.3	The highest scoring Corporate Risks remain: • Cyber Security (CRR006) – Residual Risk 12. • Compliance (CRR014) – Residual Risk 12.
1.4	Corporate Risk owners continue to monitor existing controls and deliver additional mitigation actions through the Corporate Risk Register process.
1.5	Cyber Security training is ongoing and the latest tranche of training has recently been concluded. PGLs are advised of the situation with regards to completion by Elected Members within their parties.
1.6	No Corporate Risks have been removed from the register during this review period.
2.0	**Recommendation** It is recommended that Members: 1. Note the Corporate Risk Register (Appendix I).
3.0	**Finance and Resource Implications** Not Applicable.
4.0	**Equality/Good Relations and Rural Needs Impact Assessments**

4.1	Has an equality and good relations screening been carried out?	No
4.2	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out Not required – Internal documentation for Noting only.	
4.3	Has a Rural Needs Impact Assessment (RNIA) been completed?	No
4.4	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out. Not required – Internal documentation for Noting only.	

Appendices:	**Appendix I** - Corporate Risk Register

LCCC CORPORATE RISK LIVE DASHBOARD

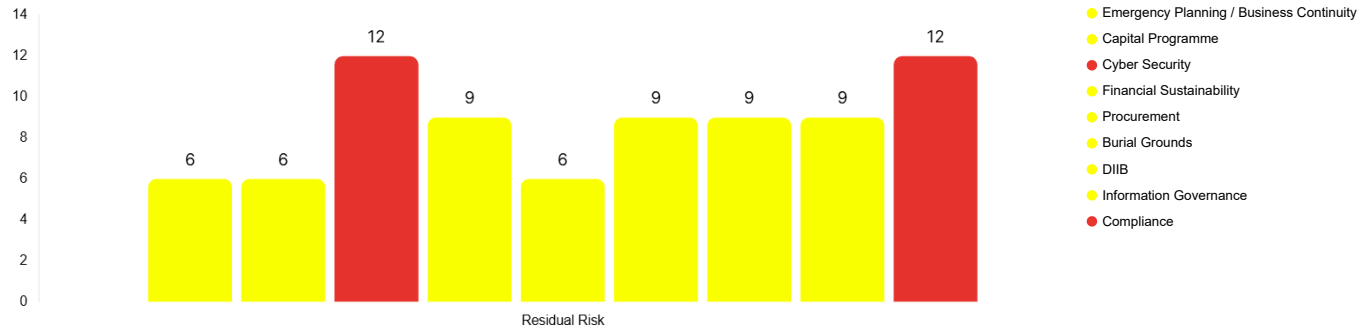
Lisburn & Castlereagh City Council

Risk Matrix

Likelihood	Minor	Moderate	Major	Catastrophic
Very Likely	4	8	12	16
Likely	3	6	9	12
Unlikely	2	4	6	8
Very Unlikely	1	2	3	4
	Minor	Moderate	Major	Catastrophic

CORPORATE SUMMARY

Corporate Risk Summary



CORPORATE RISK REGISTER

Corporate Risks

High Risk	Ref.	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	Fluctuation since last review	Rationale
	CRR 002	**Emergency Planning / Business Continuity**	Inability to respond to Command, Control & Coordination arrangements or concurrent emergencies resulting in impact on resilience.	HOS Environmental Health, Risk & Emergency Planning	12	CRR 2 Emergency Planning / Business Continuity	6	↔	
	CRR 004	**Capital Programme**	Potential failure to deliver the agreed outcomes of the capital programme as a result of affordability or changes in third party funding arrangements.	HOS Planning	12	CRR 4 Capital Programme	6	↔	
	CRR 006	**Cyber Security**	Cyber attack resulting in significant outage or data loss.	Director Organisation Development & Innovation	16	CRR 6 Cyber Security	12	↔	
	CRR 007	**Financial Sustainability**	Failure to deliver balanced budget and longer term financial resilience and sustainability.	HOS Finance	16	CRR 7 Financial Sustainability	9	↔	
	CRR 009	**Procurement**	Non compliance with procurement and contract regulations, policies and processes resulting in reputation/financial loss and risk of litigation.	HOS Assets	9	CRR 9 Procurement	6	↔	
	CRR 011	**Burial Grounds**	Risk of insufficient LCCC burial ground capacity within the Council area.	HOS Environmental Health, Risk & Emergency Planning	12	CRR 011 Burial Grounds	9	↔	
	CRR 012	**DIIB**	Risk of not delivering the DIIB project in line with agreed business case due to the significant Capital Investment representation on LCCCs Capital Programme and significant transformational project to modernise the facility.	Director of Leisure & Comm Wellbeiing	12	CRR 012 DIIB	9	↔	
	CRR 013	**Information Governance**	Inadequate controls relating to information governance leading to non compliance.	Director of Finance & Corporate Services	16	FCS 5 Information Governance	9	↔	
	CRR 014	**Compliance**	Potential risk of financial penalties through late or incorrect returns to government agencies.	Director of Finance & Corporate Services	12	FCS 7 Compliance	12	↔	

Committee:	Governance & Audit
Date:	10 September 2026
Report from:	Head of Service - Environmental Health, Risk and Emergency Planning

Item for:	Noting
Subject:	CRR 002 Emergency Planning Deep Dive Report

1.0 **Background and Key Issues**

1.1 At the March meeting of the Governance and Audit Committee, Members agreed that one of the Council's Corporate Risks to undergo a detailed "deep dive" review would be Corporate Risk Register (CRR) 002 – Emergency Planning.

1.2 The purpose of the accompanying PowerPoint presentation (Appendix I) is to provide a comprehensive overview of CRR 002, including the nature of the risk, the governance and management arrangements in place, current mitigation measures, and additional resilience initiatives that have been implemented to reduce the Council's exposure to the risk.

1.3 The presentation provides an overview of the Council's arrangements for emergency preparedness, response and recovery, including the governance, coordination and operational structures established to support civic leadership, maintain critical services, and safeguard the health, safety and wellbeing of residents, visitors and staff during periods of disruption.

1.4 It also highlights the Council's commitment to strengthening community resilience, which is a key corporate performance indicator. The inclusion of community resilience within the Council's performance framework reflects the strategic importance of building the capacity of individuals, communities and partner organisations to prepare for, respond to and recover from emergencies and disruptive events. By enhancing community resilience, the Council seeks to reduce vulnerability, promote self-help and local support networks, improve preparedness and ensure that communities are better equipped to withstand and recover from adverse incidents.

1.5 The important contribution of Elected Members is also recognised. As trusted community representatives and often the first point of contact for local residents during emergency situations, Elected Members play a valuable role in supporting communication and engagement with local communities through their local knowledge, established community networks and use of social media platforms, assisting in the dissemination of key information, identify emerging community issues and supporting the effectiveness of the Council's response and recovery arrangements.

1.6 The deep dive includes:

- The background and context to Emergency Planning within Lisburn & Castlereagh City Council.
- The current corporate risk position and risk profile for CRR 002.
- Key risk mitigation measures.
- The Council's Emergency Management Team structure and emergency planning governance arrangements.
- Additional resilience measures developed to strengthen preparedness, including the Severe Weather Protocol, Sandbag Management Protocol and Community Resilience arrangements.
- Ongoing work being undertaken to enhance organisational resilience and reduce residual risk.

1.7	The presentation is intended to provide assurance that CRR 002 is subject to robust management and oversight arrangements and that a structured programme of corporate and multi-agency emergency planning is in place to support preparedness, response and recovery activities across the Council area.	
2.0	**Recommendation** It is recommended that Members: 1. Note the deep dive of CRR 002 Emergency Planning (Appendix I).	
3.0	**Finance and Resource Implications** Not Applicable.	
4.0	**Equality/Good Relations and Rural Needs Impact Assessments**	
4.1	Has an equality and good relations screening been carried out?	No
4.2	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out Not required – Internal documentation for Noting only.	
4.3	Has a Rural Needs Impact Assessment (RNIA) been completed?	No
4.4	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out. Not required – Internal documentation for Noting only.	

Appendices:	**Appendix I** - CRR 002 Emergency Planning Deep Dive Presentation

Lisburn & Castlereagh City Council

Corporate Risk CRR 002 Emergency Planning

Background

- Lisburn & Castlereagh City Council (LCCC) acknowledge that one of its strategic aims is to provide civic leadership; protect the safety and welfare of its citizens, visitors and the environment. If and when emergencies affect the Community, Lisburn & Castlereagh City Council recognizes its role in mitigating the effects of the emergency and promoting recovery. As such the Council will plan for such emergencies, both internally and externally with its agency partners.

- Lisburn & Castlereagh City Council while currently not classed as a category 1 or 2 responder under the Civil Contingencies Act 2004; will provide civic leadership to its community and support the emergency services in the preparedness, response and recovery from emergencies. It will maintain its critical services during disruption and the Health, Safety and Welfare of its staff.

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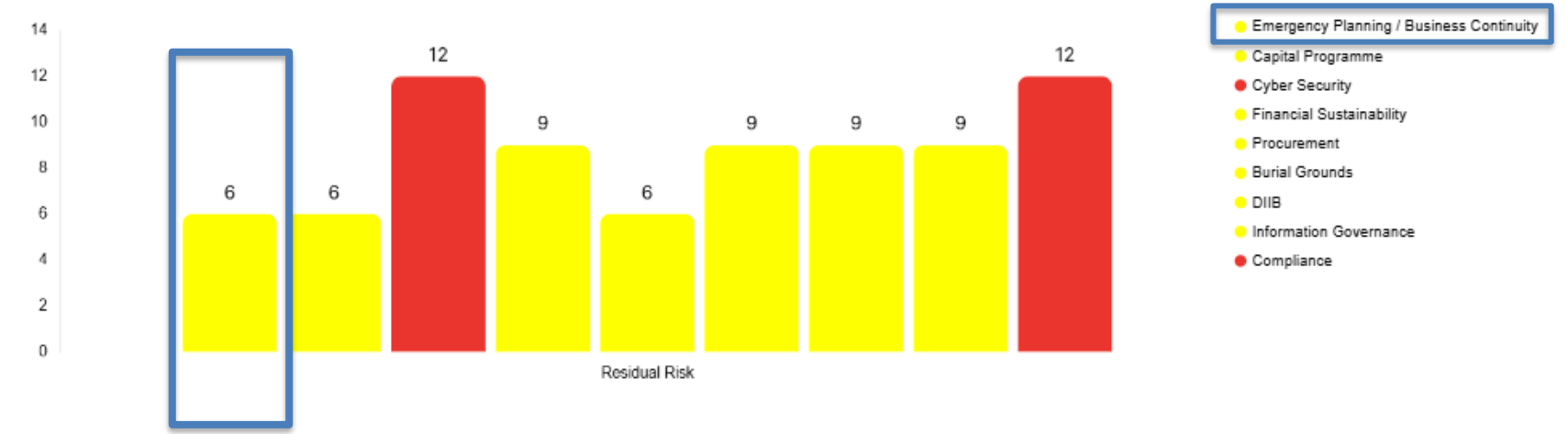
CRR 002 Emergency Planning

Corporate Risk Summary



Corporate Risks

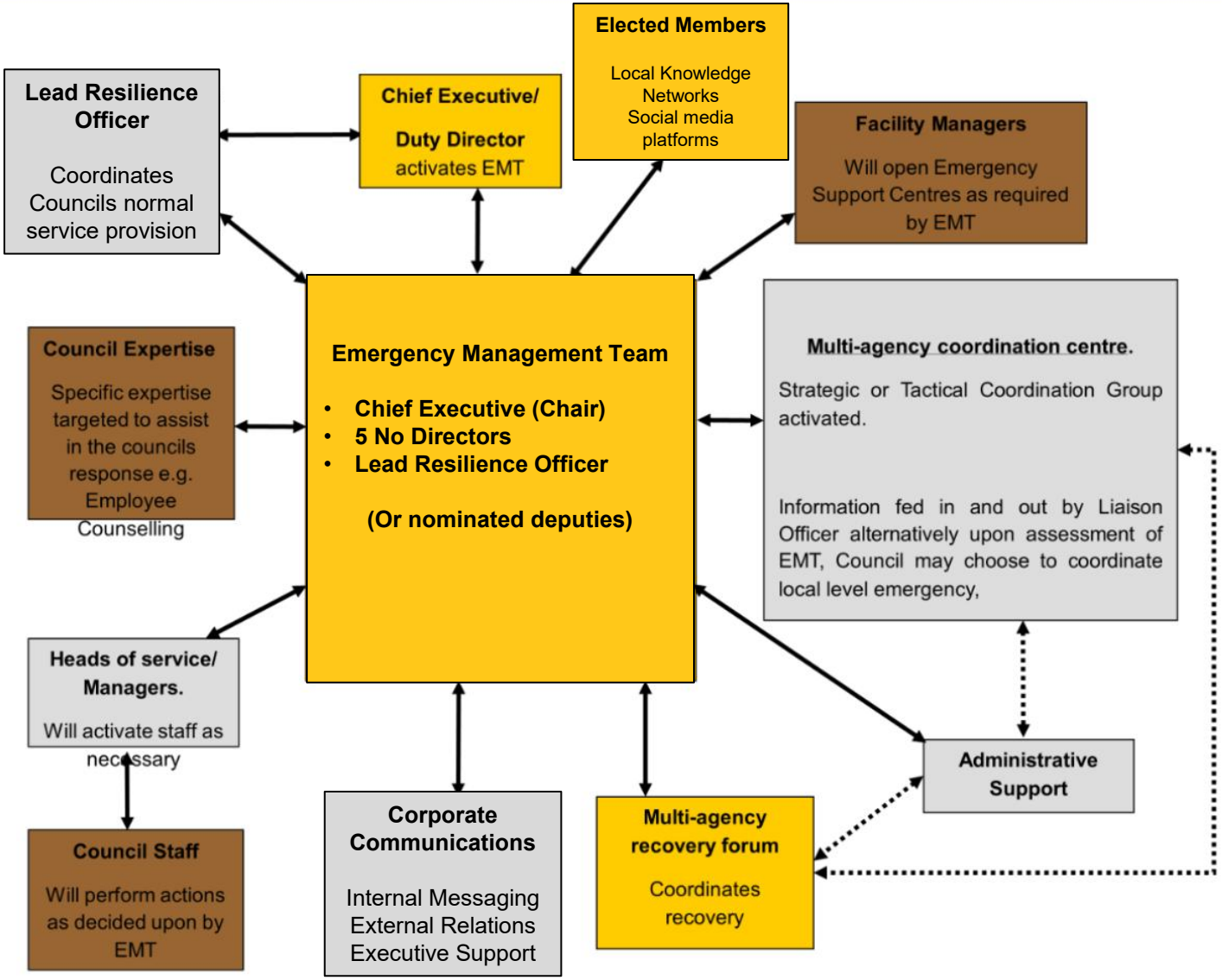
High Risk	Ref.	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	Fluctuation since last review
	CRR 002	**Emergency Planning / Business Continuity**	Inability to respond to Command, Control & Coordination arrangements or concurrent emergencies resulting in impact on resilience.	HOS Environmental Health, Risk & Emergency Planning	12	CRR 2 Emergency Planning / Business Continuity	6	↔

Lisburn & Castlereagh City Council

RISK MITIGATIONS

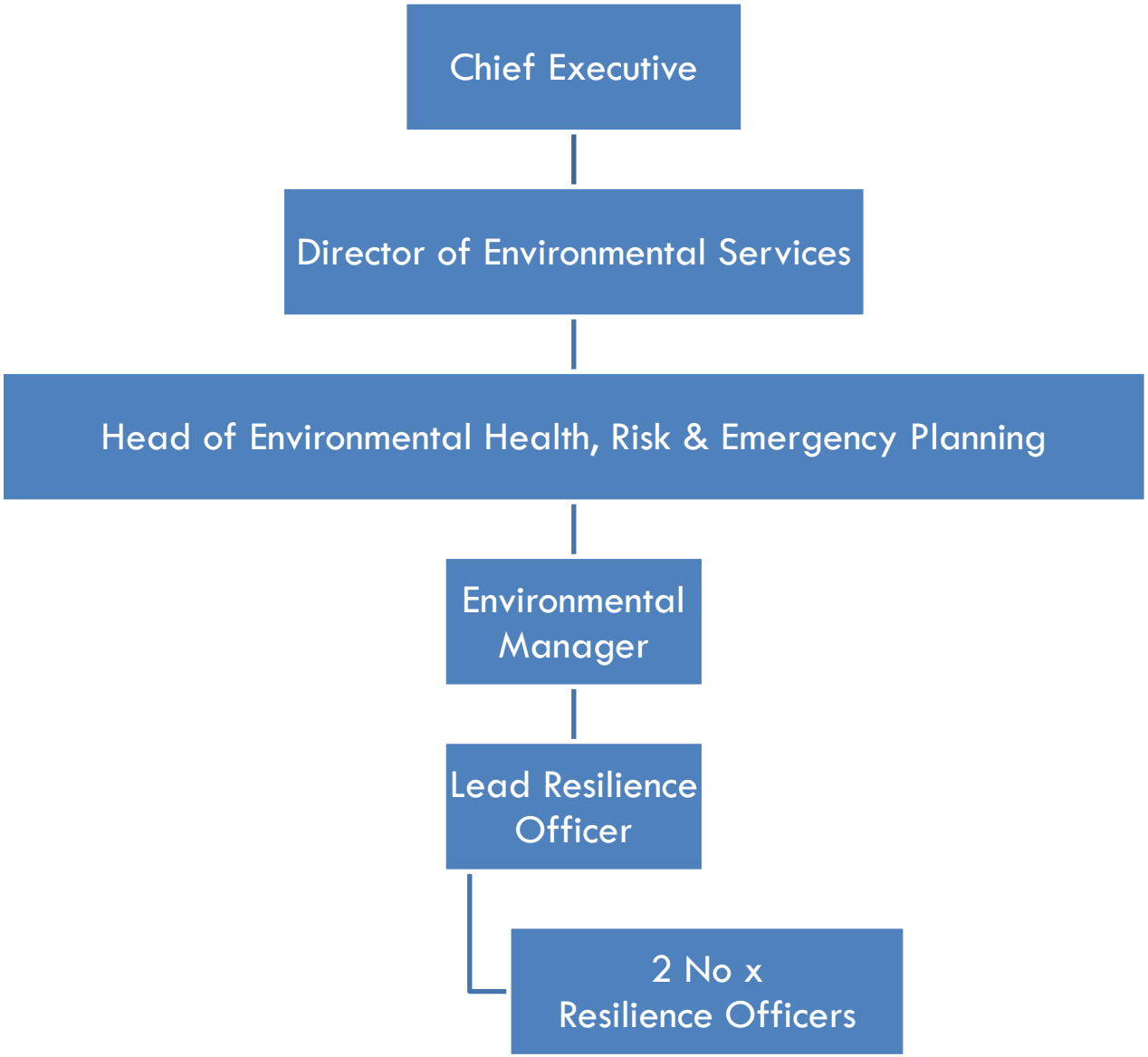
- Corporate Emergency Management Plan.
- Emergency Planning Implementation Group (EPIG).
- Regional, sub-regional and local civil contingency arrangements in place.
- Corporate & multi-agency training and exercising (including scenario exercising and capacity building).
- Additional resilience to the Emergency Planning function introduced through the implementation of the new EH structure.
- Council On Call Policy which supports 24/7 Emergency Response.
- Council Emergency Volunteer Register to support activation of the Emergency Plan.
- Geographical review of Emergency Support Centres to ensure adequate coverage of the Council area.

Emergency Management Team



Lisburn & Castlereagh City Council

EMERGENCY PLANNING STRUCTURE



Lisburn & Castlereagh City Council

EMERGENCY PLANNING IMPLEMENTATION GROUP (EPIG)

- Chaired by Director Environmental Services and represented by all relevant service units.
- Meet quarterly to ensure statutory emergency planning responsibilities.
- Develop and maintain emergency planning and business continuity arrangements.
- Agree emergency protocols with internal and external partners.
- Coordinate civil contingency information and initiatives.
- Promote mutual aid and regional collaboration.
- Deliver training and emergency exercises.
- Support multi-agency preparedness and cooperation.
- Review preparedness, policies and continuous improvement.
- Oversee emergency planning, recovery, resilience and business continuity sub-groups.

Lisburn & Castlereagh City Council

Additional Mitigations

SEVERE WEATHER PROTOCOL

- Developed to provide guidance and consistency to LCCC senior management and service departments in both business continuity and emergency response during periods of severe weather.

- Aligned to the Regional Multi Agency Severe Weather Plan which details the actions that Local Government should take in response to various levels of Met Office weather warnings.

Lisburn & Castlereagh City Council

SANDBAG MANAGEMENT

Newly developed Council Sandbag Management Protocol:

- To enhance community preparedness, LCCC:
- Collaborates with partner agencies at operational and strategic levels
- Supports proactive emergency planning
- Procured storage containers and sandbags to resource community distribution points:

  - Aberdelghy Golf Course, Lambeg
  - Lagan Valley Leisureplex, Lisburn
  - Lough Moss Leisure Centre, Carryduff
  - Anahilt – adjacent to playpark beside bring bank
  - Glenavy Pigeon Club, Glenavy
  - Hillsborough Village Centre, Hillsborough

Lisburn & Castlereagh City Council

STRENGTHENING COMMUNITY RESILIENCE

- Established a Community Resilience Group in Dromara to support local emergency preparedness and coordinated community action.
- Installed sandbag bunkers in Dundonald and Anahilt, building community capacity to act as first responders during flooding and other emergencies.
- Continued to work in partnership with statutory agencies, including DfI Rivers, to strengthen the resilience of local communities.
- Embedded community resilience as a Corporate KPI, demonstrating the Council's commitment and accountability to improving preparedness, reducing vulnerability and supporting communities to respond to and recover from emergencies.
- Recognised the important role of Elected Members as trusted community representatives, using their local knowledge, networks and social media platforms to share key information, identify emerging issues and support effective response and recovery arrangements.

Lisburn & Castlereagh City Council

CONCLUSION

- **CRR 002 remains actively managed through a structured programme of corporate and multi-agency emergency planning, with clear arrangements in place to support preparedness, response and recovery.**
- Established mitigations — including the Corporate Emergency Management Plan, EPIG, On Call Policy and Volunteer Register — provide a strong governance and activation framework.
- Severe Weather and Sandbag Management Protocols improve consistency, readiness and practical support for communities during forecast disruption.
- Community resilience activity builds local self-help capacity through plans, alert information and pre-deployment of resources.
- Ongoing training, exercising, review and partnership working will continue to strengthen resilience and reduce residual risk.

Lisburn & Castlereagh City Council

Lisburn & Castlereagh City Council

Committee:	Governance and Audit Committee
Date:	10th September 2026
Report from:	Internal Audit Manager

Item for:	**Approval**
Subject:	Draft Internal Audit Charter

1.0 **Background and Key Issues**

The Internal Audit Manager has a responsibility to prepare an Internal Audit Charter that conforms with the new Global Internal Audit Standards (UK public sector).

To be effective and to meet the requirements of professional standards, internal audit's authority needs to be established. In local government in the UK, internal audit's authority has statutory backing through the regulations issued by national UK governments.

The Local Government (Accounts and Audit) Regulations (Northern Ireland) 2015.

Internal Audit derives further authority from those authorising this Charter to provide a free and unfettered ability to plan and undertake audit assignments deemed necessary to fulfil its purpose. This is detailed on page 5/6 of the Internal Audit Charter.

When reviewing the charter, the audit committee should be satisfied that it covers the governance arrangements for internal audit.

It must include the mandate derived from the regulations, plus any additional agreed mandate, and include internal audit's reporting line to the audit committee.

The charter should include the administrative reporting arrangements for internal audit and the chief audit executive (Internal Audit Manager).

The Role of the Audit Committee (Principle 6 of GIAS) is in detail on page 4/5 of the Internal Audit Charter.

2.0 **Recommendation**

Members are required to approve the Internal Audit Charter.

3.0 **Finance and Resource Implications**

None

4.0 **Equality/Good Relations and Rural Needs Impact Assessments**

4.1	Has an equality and good relations screening been carried out?	No
4.2	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out	N/A

	Providing an updated Internal Audit Charter.	
	Has a Rural Needs Impact Assessment (RNIA) been completed?	No
4.4	Brief summary of the key issues identified and proposed mitigating actions **or** rationale why the screening was not carried out. *Providing an updated Internal Audit Charter.*	N/A

Appendices:	**Internal Audit Charter**

LCCC - Internal Audit Charter:

Introduction

Lisburn & Castlereagh City Council has adopted the Global Internal Audit Standards (UK Public Sector) referred to as GIAS going forward.

The Global Internal Audit Standards were published by the Institute of Internal Auditors (IIA) on January 9, 2024, replacing the previous standards that had been in effect since 2017. These standards are part of the International Professional Practices Framework (IPPF), which defines consistent standards for the internal audit profession globally.

The CIPFA GIAS UK Public Sector – Application Note - Global Internal Audit Standards in the UK Public Sector | CIPFA

GIAS in the UK public sector became applicable from 1 April 2025 and requires that the purpose, authority and responsibility of the Internal Audit activity must be formally defined in an Internal Audit Charter which is consistent with the Definition of Internal Auditing, the Code of Ethics and the Standards.

The Institute of Internal Auditors' Global Internal Audit Standards guide the worldwide professional practice of internal auditing and serve as a basis for evaluating and elevating the quality of the internal audit function. At the heart of the Standards are 15 guiding principles that enable effective internal auditing. Each principle is supported by standards that contain requirements, considerations for implementation, and examples of evidence of conformance. Together, these elements help internal auditors achieve the principles and fulfil the Purpose of Internal Auditing.

The GIAS set forth principles, requirements, considerations, and examples for the professional practice of internal auditing globally. The Standards apply to any individual or function that provides internal audit services, whether an organisation employs internal auditors directly, contracts them through an external service provider, or both. Organisations receiving internal audit services vary in sector and industry affiliation, purpose, size, complexity, and structure

The Standards are organised into five domains:

- Domain I: Purpose of Internal Auditing.
- Domain II: Ethics and Professionalism.
- Domain III: Governing the Internal Audit Function.
- Domain IV: Managing the Internal Audit Function.
- Domain V: Performing Internal Audit Services.

The Standards apply to the internal audit function and individual internal auditors including the Chief Audit Executive. While the Chief Audit Executive is accountable for the internal audit function's implementation of and conformance with all principles and standards, all internal auditors are responsible for conforming with the principles and standards relevant to performing their job responsibilities, which are presented primarily in Domain II: Ethics and Professionalism and Domain V: Performing Internal Audit Services.

While the Global Internal Audit Standards apply to all internal audit functions, internal auditors in the public sector work in a political environment under governance, organisational, and funding structures that may differ from those of the private sector. The nature of these structures and related conditions may be affected by the jurisdiction and level of government in which the internal audit function operates. Additionally, some terminology used in the public sector differs from that of the private sector. These differences may affect how internal audit functions in the public sector apply the Standards. The section "Applying the Global Internal Audit Standards in the Public Sector," which follows Domain V: Performing Internal Audit Services, describes strategies for conformance amid the circumstances and conditions unique to internal auditing in the public sector. The application of the GIAS for public sector is laid out in the CIPFA – Application Note.

Auditors working in the UK public sector must follow the requirements of the GIAS subject to the interpretations and additional requirements set out in the Application Note. When expressing conformance with standards, auditors must be clear that they are conforming to the GIAS subject to the Application Note and must refer to this as conformance with Global Internal Audit Standards in the UK Public Sector. Auditors must confirm adherence to the Application Note alongside all other reports on conformance with the Global Internal Audit Standards such as Standard 12.1 on internal quality assessment. Auditors must also note any non-conformance with this Application Note alongside any other nonconformance reporting such as that described in Standard 4.1 (Conformance with the Global Internal Audit Standards). External Quality Assessors working in the UK public sector under Standard 8.4 (External Quality Assessment) must also consider conformance with this Application Note as part of reporting their results.

This Charter has been updated to take account of any changes.

This Charter establishes the Internal Audit unit's position within the Council, including the nature of the Internal Audit Manager's reporting relationship with the Chief Executive, Corporate Management Team and the Governance & Audit Committee. The GIAS require the Charter to be periodically reviewed by the Chief Audit Executive and presented to Senior Management and the Board for approval. These roles are explained below.

GIAS Core Principles

The Core Principles, taken as a whole, articulate internal audit effectiveness. For an internal audit function to be considered effective, all Principles should be present and operating effectively. How an internal auditor, as well as an internal audit activity, demonstrates achievement of the Core Principles may be quite different from organisation to organisation, but failure to achieve any of the Principles would imply that an internal audit activity was not as effective as it could be in achieving internal audit's mission (see Mission of Internal Audit).

1) Demonstrates integrity.
2) Maintain objectivity.
3) Demonstrates competency.
4) Exercise due professional care.
5) Maintain confidentiality.
6) Authorised by the Board.
7) Positioned independently.
8) Overseen by the Board.

9) Plan strategically.
10) Manage resources.
11) Communicate effectively.
12) Enhance quality.
13) Plan engagements effectively.
14) Conduct engagement work.
15) Communicate engagement work and monitor action plans.

Mission Statement

To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

Internal Audit Purpose Statement (Principle 1)

Internal auditing strengthens the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

Internal auditing enhances the organisations:

- Successful achievement of its objectives.
- Governance, risk management, and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

Internal auditing is most effective when:

- It is performed by competent professionals in conformance with the Global Internal Audit Standards, which are set in the public interest.
- The internal audit function is independently positioned with direct accountability to the board.
- Internal auditors are free from undue influence and committed to making objective assessments.

The primary purpose of internal audit should be to help the board and senior management to protect the assets, reputation and sustainability of the organisation.

Roles and Definitions

The GIAS (UK public sector) requires the Council to define its interpretation of the following generic terms for the purposes of internal audit activity:

- 'The Board' – the Governance and Audit Committee
- 'The Chief Audit Executive' – the Internal Audit Manager
- 'Senior Management' – the Corporate Management Team

Other roles defined in Lisburn and Castlereagh City Council as:

- 'The Head of Paid Service' – Chief Executive
- 'The Chief Financial Officer' – Director of Finance and Corporate Services.

As one of the setters of the GIAS (UK public sector), the Chartered Institute of Public Finance and Accountancy (CIPFA) considers it essential that public service organisations properly support their internal auditors to enable them to meet the standards. The requirements of management are set out in The Role of the Head of Internal Audit in Public Service Organisations (2019 edition). See link.

Internal Audit Responsibilities and Objectives (Principle 1)

Internal Audit is responsible for the provision of an independent and objective opinion to the Chief Executive, Corporate Management Team and Governance & Audit Committee on the control environment consisting of the risk management, control and governance by objectively examining, evaluating and reporting on the adequacy of the control environment as a contribution to the proper economic efficient and effective use of resources in achieving the Council's agreed objectives.

The strategic objectives of Internal Audit are:

- To give management assurance that the internal controls, risk management and corporate governance processes within their remit are robust.
- To maintain up to date audit practice and knowledge.
- To contribute towards the Annual Governance Statement by way of the annual audit opinion.

It does this by:

- Providing independent, risk-based and objective assurance, advice, insight and foresight through the reporting of audit reviews carried out.
- Assessing whether all significant risks are identified and appropriately reported by management to the board and senior management.
- Evaluating whether the organisation is adequately controlled.
- Providing management with a Terms of Reference before each audit review. The scope must establish the engagement's focus and boundaries by specifying the activities, locations, processes, systems, components, time period to be covered in the engagement, and other elements to be reviewed, and be sufficient to achieve the engagement objectives.
- (NEW from GIAS Standard 13.3)- Internal auditors must have the flexibility to make changes to the engagement objectives and scope when audit work identifies the need to do so as the engagement progresses. This must be communicated to management at the earliest opportunity.
- Challenging and influencing senior management to improve the effectiveness of governance, risk management and internal controls, including identifying efficiencies and removing duplicative and/or redundant controls.
- Providing internal audit assurance reports with recommendations on control weaknesses.
- Resolving with management where scope limitations have been identified. (Scope limitations are assurance engagement conditions, such as resource constraints or restrictions on access to personnel, facilities, data, and information, that prevent internal auditors from performing the work as expected in the audit work program.

- (NEW from GIAS Standard 13.3 Engagement Objectives and Scope.) Advising the Governance and Audit Committee where there is a limitation in scope identified with no resolution found.
- Following up the implementation of recommendations. See **Appendix 2** for follow up process.

It is the responsibility of management to identify, understand and manage risks effectively including taking appropriate and timely action in response to audit findings. It is also management's responsibility to maintain a sound system of internal control and improvement of the same. The existence of an internal audit function does not therefore relieve them of this responsibility.

Role of the Audit Committee (Principle 6)

The Governance and Audit Committee acts as the Council's audit committee. In that capacity it has the following responsibilities:

- approving the Internal Audit Charter.
- approving the Internal Audit Strategy and risk based internal audit plan.
- receiving communications from the Internal Audit Manager on Internal Audit performance relative to its plan and other matters; and
- making appropriate enquiries of management and the Internal Audit Manager to determine whether there are inappropriate scope or resource limitations placed on the service.
- has the right to request officers to attend G&A Committee meetings to answer any questions.

Role of Senior Management (Principle 6)

Internal Audit can only provide an effective independent and objective service if it receives the full co-operation of the management team. By approving this Internal Audit Charter, the Chief Executive and the Governance and Audit Committee are mandating management to co-operate with Internal Audit in the delivery of the service by:

- Agree the Terms of Reference to provide Internal Audit with full support and co-operation, including complete access to all records, data, property and personnel relevant to the performance of their responsibilities at all levels of operations, without unreasonable delay to ensure that the scope within the Terms of Reference is met.
- Responding to the draft internal report, including provision of management responses to recommendations, within the timescale requested by the audit team.
- Implementing agreed management actions in accordance with the agreed timescales or providing reasons for not complying.
- Updating Internal Audit with progress made on management actions, informing Internal Audit of proposed changes and developments in process and systems, newly identified significant risks and cases of a criminal nature.

Instances of late responses to reports and agreed actions not being implemented will be escalated to the relevant Director in the first instance then the Chief Executive. Where not resolved, these will then be reported to the Chair of the Governance and Audit Committee.

Internal Audit is involved in the determination of its priorities in consultation with those charged with governance. Accountability for the response to the advice and

recommendations of Internal Audit lies with management. Managers must either accept and implement the advice and recommendations or formally reject them accepting responsibility and accountability for doing so.

Providing authority for Internal Audit (Principle 6)

To be effective and to meet the requirements of professional standards, internal audit's authority needs to be established. In local government in the UK, internal audit's authority has statutory backing through the regulations issued by national UK governments.

The Local Government (Accounts and Audit) Regulations (Northern Ireland) 2015

Regulations also include internal audit's rights of access. In GIAS (UK public sector) this is referred to as internal audit's mandate, so the primary mandate comes from the regulations.

Authority of Audit (Principle 6)

Internal Audit derives further authority from those authorising this Charter to provide a free and unfettered ability to plan and undertake audit assignments deemed necessary to fulfil its purpose. To enable the service to discharge its duties fully, Internal Audit staff are authorised, on production of identification, to:

- Allocate resources, set frequencies, select subjects, determine scopes of work, and apply the techniques required to accomplish audit objectives.
- enter at all reasonable times on any Council premises or land.
- have unrestricted access to all systems, data, records, information and personnel.
- has the authority to remove records where necessary to carry out an audit review.
- have access to all IT hardware/software running systems on behalf of the Council, including hardware/ software owned by third party service providers, in line with agreed protocols.
- require and receive such explanations as are necessary concerning any matter under examination; and
- require any employee of the Council to produce cash, stores or any other Council property under his/ her control.

Scope

All LCCC activities are within the scope of Internal Audit.

- The scope of Internal Audit work may include review of the following areas:
  the relevance of established policies, plans and procedures, the extent of compliance with these and their financial effect.
- The adequacy of guidance.
- The appropriateness of organisational, personnel and supervisory arrangements,
- The extent to which assets and interests are accounted for and safeguarded from loss of all kinds arising from waste, extravagance, inefficient administration, poor value for money, fraud or other cause

- The appropriateness, reliability and integrity of financial and other management information and the means to identify, measure, classify, report and act upon this information
- Integrity of IT systems
- Follow up action taken to address recommendations and weaknesses previously identified. Please refer to ***Appendix 2*** for the follow-up procedures in place.

Independence and objectivity (Principle 7 and Principle 2)

The internal audit activity must be free from interference in determining the scope of internal auditing, performing work and communicating results. The Chief Audit Executive must disclose such interference to the board and discuss the implications.

Internal Audit has no executive responsibilities and is independent of the operational activities that it audits to enable auditors to provide impartial and unbiased professional evaluations, opinions and recommendations. Definitions: -

> *Independence is the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Chief Audit Executive has direct and unrestricted access to senior management and the board. This can be achieved through a dual-reporting relationship to the Chief Executive and the Governance and Audit Committee. Threats to independence must be managed at the individual auditor, engagement, functional and organisational levels.*
>
> *Objectivity is an unbiased mental attitude that allows internal auditors to perform engagements in such a manner that they believe in their work product and that no quality compromises are made. Objectivity requires that internal auditors do not subordinate their judgment on audit matters to others. Threats to objectivity must be managed at the individual auditor, engagement, functional and organisational levels.*

To ensure integrity and objectivity is not impaired, auditors will not audit areas of previous responsibility for a period of at least 12 months after the responsibility ended.

Internal auditors will treat as confidential the information they receive in carrying out their duties. There must not be any unauthorised disclosure of information unless there is a legal or professional requirement to do so. Confidential information gained during an audit will not be used to effect personal gain.

Position of Internal Audit (Principle 7)

The Chief Audit Executive must report functionally to the board. The Chief Audit Executive must also establish effective communication with, and have free and unfettered access to, the Chief Executive, Corporate Management Team and the chair of the Audit Committee.

Internal Audit forms part of the Chief Executive's Office with the Internal Audit Manager reports directly to the Chief Executive. The Internal Audit Manager also has direct access to the Chair of the Governance & Audit Committee and unfettered access to the Corporate Management Team. Internal Audit reports at least four times a year to the Governance & Audit Committee.

The Internal Audit Manager, the Chair and Vice-Chair (Lay Member) reserve the right to meet in private at any time to discuss internal audit matters if required.

Once per year, the Internal Audit Manager will meet the Governance and Audit Committee Members with the External Audit Manager present. This meeting will afford an opportunity for those in attendance to raise any matters that are of concern to them.

The performance of Internal Audit will be monitored through a Quality Assurance and Improvement Programme, the results of which will be shared with CMT and Governance & Audit Committee.

Ethics and Professional competence (Principles 1 – 5)

The Internal Audit function will perform its duties with professional competence and due care and will comply with GIAS Domain II: Ethics and Professionalism.

- **Principle 1 Demonstrate Integrity**

  Standard 1.1 Honesty and Professional Courage

  Standard 1.2 Organisation's Ethical Expectations

  Standard 1.3 Legal and Ethical Behaviour

- **Principle 2 Maintain Objectivity**

  Standard 2.1 Individual Objectivity

  Standard 2.2 Safeguarding Objectivity

  Standard 2.3 Disclosing Impairments to Objectivity

- **Principle 3 Demonstrate Competency**

  Standard 3.1 Competency

  Standard 3.2 Continuing Professional Development

- **Principle 4 Exercise Due Professional Care**

  Standard 4.1 Conformance with the Global Internal Audit Standards

  Standard 4.2 Due Professional Care

  Standard 4.3 Professional Scepticism

- **Principle 5 Maintain Confidentiality**

  Standard 5.1 Use of Information

  Standard 5.2 Protection of Information

The UK government has set out Seven Principles of Public Life (also known as the **'Nolan Principles'**) that apply to all public servants (including contractors working in the public service).

Internal auditors working in the UK public sector must apply these alongside all other relevant ethical frameworks.

Arrangements for Appropriate Resourcing (Principle 8)

No formula exists that can be applied to determine internal audit coverage needs. However, as a guide, the minimum level of coverage is that required to give an annual evidenced-based opinion.

If during the risk assessment at the planning stage a shortfall in resources available is identified, the Internal Audit Manager will advise the Chief Executive followed by the Corporate Management Team and reported to the Governance and Audit Committee as required to assess the associated risks or to recommend additional resources as identified.

Internal audit work is prioritised according to risk, through the judgement of the Internal Audit Manager, informed by the Council's risk registers and in consultation with the Corporate Management Team. High risks identified during the year can be accommodated and the audit plan adjusted.

Should circumstances arise, during the year, that resources fall or appear to be falling below the minimum level required to provide an annual evidence-based opinion the Internal Audit Manager will advise the Chief Executive who Internal Audit directly reports to in the first instance, the Corporate Management Team by way of report and the Governance and Audit Committee will be advised through the resources section in the quarterly progress report.

Managing the Internal Audit Function (Principles 9 - 15)

To develop an effective Internal Audit Strategy and plan, the Chief Audit Executive must understand the organisation's governance, risk management, and control processes.

Assurance Services

Internal Audit work covers all Council activities, systems and processes and includes (but is not limited to):

- examining and evaluating the adequacy of the Council's system of internal control, including those pertaining to the deterrence, detection and investigation of fraudulent or illegal acts.
- reviewing the reliability and integrity of financial and operating information and the means used to identify, measure, classify and report such information.
- reviewing the systems established to ensure compliance with those policies, plans, procedures, laws and regulations which could have a significant impact on operations.
- reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- appraising the economy and efficiency with which resources are employed.
- reviewing the identification and assessment of risk by management.
- reviewing aspects of the control environment affected by significant changes to the organisation's risk environment.
- reviewing the Council's procedures and activities in relation to best value.
- co-ordinating Internal Audit activities with the work of the external auditors and assisting the external auditors as required.
- recommending, in consultation with management, appropriate solutions to identified systems weaknesses.

- ensuring management has confirmed action has been taken to implement audit recommendations; and
- in line with the principles of Following the Public Pound Internal Audit shall review, appraise and report on all services and other activities for which the Council is responsible or accountable, whether delivered directly or by third parties through contracts, partnerships or other arrangements.

Consultancy/Advisory Services

Consultancy work adds to the internal audit team's knowledge base and contributes to the overall internal audit opinion and/or assurance rating. However, this needs to be put into context to ensure that it does not lead to a distortion of the materiality of findings against risk and control priorities. Reporting to the audit committee should incorporate the progress on consultancy engagements as well as the work on the assurance programme for both planned and unplanned work. In fact, where governance, risk management and control issues are significant to the organisation Standard 2440.C2 states that they must be communicated to senior management and the board.

Any major consulting exercise, not included in the annual audit plan, should have the approval of the audit committee.

- consultancy and advice services, including work on fraud related matters may be undertaken from time to time at the request of senior management. A provision is included in the annual audit plan for this type of work.
- when undertaking such work auditors will maintain their independence and objectivity and will not take on management or operational responsibility for the project.
- any significant consultancy assignments will be reported separately to the audit committee.

It should be noted however that when internal audit resources are constrained, the primary focus must be on assurance work.

Audit Strategy

The Internal Audit will develop and maintain an Internal Audit Strategy for providing the Chief Executive and the Governance and Audit Committee with objective evaluation of and opinions on the effectiveness of the Councils risk management, control and governance arrangements. This is facilitated via development of an Audit Strategy. The Strategy will be approved by the Governance & Audit Committee; this approval will include acceptance of risks or other areas of potential audit coverage which cannot be resourced and identification of consequent residual risk exposure. The Governance & Audit Committee will be advised by Internal Audit Manager that they are responsible for that residual risk.

Audit Approach

Internal Audit determines what areas within its scope should be included within the annual audit plan by adopting an independent risk-based approach including development of an audit needs assessment and development of annual audit plans. This is consistent with GIAS. Internal Audit does not necessarily cover all potential scope areas every year. The audit programme includes obtaining an understanding of the processes and system under audit, evaluating their adequacy and testing the operating effectiveness of key controls.

Internal Audit will coordinate with other internal and external providers of assurance and consulting services to ensure proper coverage and minimise duplication of efforts.

At the end of each audit review from the operational plan, the Internal Audit Manager or designee will prepare a written report and distribute it as appropriate.

Internal Audit will raise significant issues for the attention of line management as soon as identified during an audit review and at the close out meetings discuss all findings and agree recommendations that will be included in the draft reports with the auditee and consider the assurance level to be assigned. Levels of internal audit opinion can be seen in **Appendix 1.**

The Governance & Audit Committee will be updated regularly on the work of Internal Audit through periodic and annual reports. The Internal Audit Manager shall prepare reports of audit activities with significant findings along with any relevant recommendations and provide periodic information on the status of the annual audit plan.

Annual Report

In addition to quarterly update reports, the Internal Audit Manager will produce an annual report summarising the main issues raised by Internal Audit and on the performance of Internal Audit. This report will include:

- A summary of the work carried out by Internal Audit during the year, the purpose of which is to provide an audit opinion on the adequacy and effectiveness of the Council's governance, risk and controls to support the preparation of the Annual Governance Statement.
- Highlight areas of significant risk which need corrective action to improve the control framework.
- Consider the performance and contribution of Internal Audit in conjunction with staffing and resources.

Overall Opinions

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This opinion can then be used by the organisation to inform its annual governance statement by management.

The annual report must also include a statement on conformance with Global Internal Audit Standards in the UK Public Sector and the results of the quality assurance and improvement programme.

Quality Assurance (Principle 12)

Internal Audit Manager will develop and maintain a quality assurance and improvement programme covering all aspects of the internal audit activity and conforming to the relevant standards.

Fraud & Irregularity

Management is responsible for fraud prevention and detection. As internal audit performs its work programs, it will be observant of manifestations of the existence of fraud and weaknesses in internal control which would permit fraud to occur or would impede its detection. This will be communicated to Management via recommendations within the audit reports.

Internal Audit should be informed of all suspected or detected fraud, corruption or impropriety so that the auditors can consider the adequacy of the relevant controls and evaluate the implication of fraud and corruption on the internal control environment.

Internal Audit is the key contact for co-ordinating the National Fraud Initiative exercises.

Appendix I

Internal Audit Levels of Opinion

The following table of Internal Audit Opinions should be used in all Internal Audit Reviews:

Opinion	Definition
Satisfactory	Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives
Limited	There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
Unacceptable	The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

Priority	Definition
1	Failure to implement the recommendation is likely to result in a major failure of a key organisational objective, significant damage to the reputation of the organisation or misuse of public funds.
2	Failure to implement the recommendation could result in the failure of an important organisational objective or could have some impact on a key organisational objective.
3	Failure to implement the recommendation could lead to an increased risk exposure.
Insight	Internal audit insights are the findings and observations that arise from the audit process, providing a deeper understanding of an organization's operations, controls, and compliance. These insights can reveal areas for improvement, control weaknesses, and compliance issues. However, they do not provide actionable steps for management to address these issues.

Appendix 2

Follow-up Procedures – to ensure implementation of audit recommendations:

1) Issue of Recommendations:
When the any Internal Audit Report is issued to management for their responses – it is the Directors discretion to assign recommendations to an employee in their department.

On the recommendation tracking package each of the following must be clearly assigned:

- **Owner** – typically who is ultimately responsible for the recommendation (usually Director)
- **Assigned to** – typically the person who is assigned to undertake work on the recommendation on a day-to-day basis (person named on the Management Response)
- **Issue Manager** – who is typically either responsible for the person working on the recommendation or the person responsible for reporting on its status.

2) Automated reminders

The current package allows for the issue of the following automated reminders:

- **Recommendations passed their end or due date**

  This lists each overdue recommendation and its end date.

  It is issued on 1st of each month and is sent to Assigned to and Issue Managers (see explanations above)

- **List of Active Recommendation:**

  This lists all recommendations and their end date (includes all recs not just overdue recs).

  This is sent on the 14th of each month and is sent to Recommendation Owners (usually Directors)

3) Reports to Corporate Management Team (CMT):

A list of all overdue Recommendations will be presented with a summary report to CMT each month to allow progression and implementation of audit recommendations.

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The GIAS set forth principles, requirements, considerations, and examples for the professional practice of internal auditing globally. The Standards apply to any individual or function that provides internal audit services, whether an organisation employs internal auditors directly, contracts them through an external service provider, or both. Organisations receiving internal audit services vary in sector and industry affiliation, purpose, size, complexity, and structure

The Standards are organised into five domains:

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The Standards apply to the internal audit function and individual internal auditors including the Chief Audit Executive. While the Chief Audit Executive is accountable for the internal audit function's implementation of and conformance with all principles and standards, all internal auditors are responsible for conforming with the principles and standards relevant to performing their job responsibilities, which are presented primarily in Domain II: Ethics and Professionalism and Domain V: Performing Internal Audit Services.

While the Global Internal Audit Standards apply to all internal audit functions, internal auditors in the public sector work in a political environment under governance, organisational, and funding structures that may differ from those of the private sector. The nature of these structures and related conditions may be affected by the jurisdiction and level of government in which the internal audit function operates. Additionally, some terminology used in the public sector differs from that of the private sector. These differences may affect how internal audit functions in the public sector apply the Standards. The section "Applying the Global Internal Audit Standards in the Public Sector," which follows Domain V: Performing Internal Audit Services, describes strategies for conformance amid the circumstances and conditions unique to internal auditing in the public sector. The application of the GIAS for public sector is laid out in the CIPFA – Application Note.

Auditors working in the UK public sector must follow the requirements of the GIAS subject to the interpretations and additional requirements set out in the Application Note. When expressing conformance with standards, auditors must be clear that they are conforming to the GIAS subject to the Application Note and must refer to this as conformance with Global Internal Audit Standards in the UK Public Sector. Auditors must confirm adherence to the Application Note alongside all other reports on conformance with the Global Internal Audit Standards such as Standard 12.1 on internal quality assessment. Auditors must also note any non-conformance with this Application Note alongside any other nonconformance reporting such as that described in Standard 4.1 (Conformance with the Global Internal Audit Standards). External Quality Assessors working in the UK public sector under Standard 8.4 (External Quality Assessment) must also consider conformance with this Application Note as part of reporting their results.

This Charter has been updated to take account of any changes.

This Charter establishes the Internal Audit unit's position within the Council, including the nature of the Internal Audit Manager's reporting relationship with the Chief Executive, Corporate Management Team and the Governance & Audit Committee. The GIAS require the Charter to be periodically reviewed by the Chief Audit Executive and presented to Senior Management and the Board for approval. These roles are explained below.

GIAS Core Principles

The Core Principles, taken as a whole, articulate internal audit effectiveness. For an internal audit function to be considered effective, all Principles should be present and operating effectively. How an internal auditor, as well as an internal audit activity, demonstrates achievement of the Core Principles may be quite different from organisation to organisation, but failure to achieve any of the Principles would imply that an internal audit activity was not as effective as it could be in achieving internal audit's mission (see Mission of Internal Audit).

1) Demonstrates integrity.
2) Maintain objectivity.
3) Demonstrates competency.
4) Exercise due professional care.
5) Maintain confidentiality.
6) Authorised by the Board.
7) Positioned independently.
8) Overseen by the Board.

9) Plan strategically.
10) Manage resources.
11) Communicate effectively.
12) Enhance quality.
13) Plan engagements effectively.
14) Conduct engagement work.
15) Communicate engagement work and monitor action plans.

Mission Statement

To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

Internal Audit Purpose Statement (Principle 1)

Internal auditing strengthens the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

Internal auditing enhances the organisations:

- Successful achievement of its objectives.
- Governance, risk management, and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

Internal auditing is most effective when:

- It is performed by competent professionals in conformance with the Global Internal Audit Standards, which are set in the public interest.
- The internal audit function is independently positioned with direct accountability to the board.
- Internal auditors are free from undue influence and committed to making objective assessments.

The primary purpose of internal audit should be to help the board and senior management to protect the assets, reputation and sustainability of the organisation.

Roles and Definitions

The GIAS (UK public sector) requires the Council to define its interpretation of the following generic terms for the purposes of internal audit activity:

- 'The Board' – the Governance and Audit Committee
- 'The Chief Audit Executive' – the Internal Audit Manager
- 'Senior Management' – the Corporate Management Team

Other roles defined in Lisburn and Castlereagh City Council as:

- 'The Head of Paid Service' – Chief Executive

- 'The Chief Financial Officer' – ~~Currently being covered by the Chief Executive while the role of Head of Finance and Corporate Services remains vacant.~~ Director of Finance and Corporate Services.

As one of the setters of the GIAS (UK public sector), the Chartered Institute of Public Finance and Accountancy (CIPFA) considers it essential that public service organisations properly support their internal auditors to enable them to meet the standards. The requirements of management are set out in The Role of the Head of Internal Audit in Public Service Organisations (2019 edition). See link.

Internal Audit Responsibilities and Objectives (Principle 1)

Internal Audit is responsible for the provision of an independent and objective opinion to the Chief Executive, Corporate Management Team and Governance & Audit Committee on the control environment consisting of the risk management, control and governance by objectively examining, evaluating and reporting on the adequacy of the control environment as a contribution to the proper economic efficient and effective use of resources in achieving the Council's agreed objectives.

The strategic objectives of Internal Audit are:

- To give management assurance that the internal controls, risk management and corporate governance processes within their remit are robust.
- To maintain up to date audit practice and knowledge.
- To contribute towards the Annual Governance Statement by way of the annual audit opinion.

It does this by:

- Providing independent, risk-based and objective assurance, advice, insight and foresight through the reporting of audit reviews carried out.
- Assessing whether all significant risks are identified and appropriately reported by management to the board and senior management.
- Evaluating whether the organisation is adequately controlled.
- Providing management with a Terms of Reference before each audit review. The scope must establish the engagement's focus and boundaries by specifying the activities, locations, processes, systems, components, time period to be covered in the engagement, and other elements to be reviewed, and be sufficient to achieve the engagement objectives.
- (NEW from GIAS Standard 13.3)- Internal auditors must have the flexibility to make changes to the engagement objectives and scope when audit work identifies the need to do so as the engagement progresses. This must be communicated to management at the earliest opportunity.
- Challenging and influencing senior management to improve the effectiveness of governance, risk management and internal controls, including identifying efficiencies and removing duplicative and/or redundant controls.
- Providing internal audit assurance reports with recommendations on control weaknesses.
- Resolving with management where scope limitations have been identified. (Scope limitations are assurance engagement conditions, such as resource constraints or

restrictions on access to personnel, facilities, data, and information, that prevent internal auditors from performing the work as expected in the audit work program.

- (NEW from GIAS Standard 13.3 Engagement Objectives and Scope.) Advising the Governance and Audit Committee where there is a limitation in scope identified with no resolution found.
- Following up the implementation of recommendations. See **Appendix 2** for follow up process.

It is the responsibility of management to identify, understand and manage risks effectively including taking appropriate and timely action in response to audit findings. It is also management's responsibility to maintain a sound system of internal control and improvement of the same. The existence of an internal audit function does not therefore relieve them of this responsibility.

Role of the Audit Committee (Principle 6)

The Governance and Audit Committee acts as the Council's audit committee. In that capacity it has the following responsibilities:

- approving the Internal Audit Charter.
- approving the Internal Audit Strategy and risk based internal audit plan.
- receiving communications from the Internal Audit Manager on Internal Audit performance relative to its plan and other matters; and
- making appropriate enquiries of management and the Internal Audit Manager to determine whether there are inappropriate scope or resource limitations placed on the service.
- has the right to request officers to attend G&A Committee meetings to answer any questions.

Role of Senior Management (Principle 6)

Internal Audit can only provide an effective independent and objective service if it receives the full co-operation of the management team. By approving this Internal Audit Charter, the Chief Executive and the Governance and Audit Committee are mandating management to co-operate with Internal Audit in the delivery of the service by:

- ~~Agreeing Terms of Reference to include agreements on duration, scope, reporting and response.~~ Agree the Terms of Reference to provide Internal Audit with full support and co-operation, including complete access to all records, data, property and personnel relevant to the performance of their responsibilities at all levels of operations, without unreasonable delay to ensure that the scope within the Terms of Reference is met.
- ~~Providing Internal Audit with full support and co-operation, including complete access to all records, data, property and personnel relevant to the performance of their responsibilities at all levels of operations, without unreasonable delay.~~
- Responding to the draft internal report, including provision of management responses to recommendations, within the timescale requested by the audit team.
- Implementing agreed management actions in accordance with the agreed timescales or providing reasons for not complying.

- Updating Internal Audit with progress made on management actions, informing Internal Audit of proposed changes and developments in process and systems, newly identified significant risks and cases of a criminal nature.

Instances of late responses to reports and agreed actions not being implemented will be escalated to the relevant Director in the first instance then the Chief Executive. Where not resolved, these will then be reported to the Chair of the Governance and Audit Committee.

Internal Audit is involved in the determination of its priorities in consultation with those charged with governance. Accountability for the response to the advice and recommendations of Internal Audit lies with management. Managers must either accept and implement the advice and recommendations or formally reject them accepting responsibility and accountability for doing so.

Providing authority for internal audit (Principle 6)

To be effective and to meet the requirements of professional standards, internal audit's authority needs to be established. In local government in the UK, internal audit's authority has statutory backing through the regulations issued by national UK governments.

The Local Government (Accounts and Audit) Regulations (Northern Ireland) 2015

Regulations also include internal audit's rights of access. In GIAS (UK public sector) this is referred to as internal audit's mandate, so the primary mandate comes from the regulations.

Authority of Audit (Principle 6)

Internal Audit derives further authority from those authorising this Charter to provide a free and unfettered ability to plan and undertake audit assignments deemed necessary to fulfil its purpose. To enable the service to discharge its duties fully, Internal Audit staff are authorised, on production of identification, to:

- Allocate resources, set frequencies, select subjects, determine scopes of work, and apply the techniques required to accomplish audit objectives.
- enter at all reasonable times on any Council premises or land.
- have unrestricted access to all systems, data, records, information and personnel.
- has the authority to remove records where necessary to carry out an audit review.
- have access to all IT hardware/software running systems on behalf of the Council, including hardware/ software owned by third party service providers, in line with agreed protocols.
- require and receive such explanations as are necessary concerning any matter under examination; and
- require any employee of the Council to produce cash, stores or any other Council property under his/ her control.

Scope

All LCCC activities are within the scope of Internal Audit.

- The scope of Internal Audit work may include review of the following areas: the relevance of established policies, plans and procedures, the extent of compliance with these and their financial effect.
- The adequacy of guidance.
- The appropriateness of organisational, personnel and supervisory arrangements,
- The extent to which assets and interests are accounted for and safeguarded from loss of all kinds arising from waste, extravagance, inefficient administration, poor value for money, fraud or other cause
- The appropriateness, reliability and integrity of financial and other management information and the means to identify, measure, classify, report and act upon this information
- Integrity of IT systems
- Follow up action taken to address recommendations and weaknesses previously identified. Please refer to ***Appendix 2*** for the follow-up procedures in place.

Independence and objectivity (Principle 7 and Principle 2)

The internal audit activity must be free from interference in determining the scope of internal auditing, performing work and communicating results. The Chief Audit Executive must disclose such interference to the board and discuss the implications.

Internal Audit has no executive responsibilities and is independent of the operational activities that it audits to enable auditors to provide impartial and unbiased professional evaluations, opinions and recommendations. Definitions: -

> *Independence is the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Chief Audit Executive has direct and unrestricted access to senior management and the board. This can be achieved through a dual-reporting relationship to the Chief Executive and the Governance and Audit Committee. Threats to independence must be managed at the individual auditor, engagement, functional and organisational levels.*
>
> *Objectivity is an unbiased mental attitude that allows internal auditors to perform engagements in such a manner that they believe in their work product and that no quality compromises are made. Objectivity requires that internal auditors do not subordinate their judgment on audit matters to others. Threats to objectivity must be managed at the individual auditor, engagement, functional and organisational levels.*

To ensure integrity and objectivity is not impaired, auditors will not audit areas of previous responsibility for a period of at least 12 months after the responsibility ended.

Internal auditors will treat as confidential the information they receive in carrying out their duties. There must not be any unauthorised disclosure of information unless there is a legal or professional requirement to do so. Confidential information gained during an audit will not be used to effect personal gain.

Position of Internal Audit (Principle 7)

The Chief Audit Executive must report functionally to the board. The Chief Audit Executive must also establish effective communication with, and have free and unfettered access to, the Chief Executive, Corporate Management Team and the chair of the Audit Committee.

Internal Audit forms part of the Chief Executive's Office with the Internal Audit Manager reports directly to the Chief Executive. The Internal Audit Manager also has direct access to the Chair of the Governance & Audit Committee and unfettered access to the Corporate Management Team. Internal Audit reports at least four times a year to the Governance & Audit Committee.

The Internal Audit Manager, the Chair and Vice-Chair (Lay Member) reserve the right to meet in private at any time to discuss internal audit matters if required.

Once per year, the Internal Audit Manager will meet the Governance and Audit Committee Members with the External Audit Manager present. This meeting will afford an opportunity for those in attendance to raise any matters that are of concern to them.

The performance of Internal Audit will be monitored through a Quality Assurance and Improvement Programme, the results of which will be shared with CMT and Governance & Audit Committee.

Ethics and Professional competence (Principles 1 – 5)

The Internal Audit function will perform its duties with professional competence and due care and will comply with GIAS Domain II: Ethics and Professionalism.

- **Principle 1 Demonstrate Integrity**

  Standard 1.1 Honesty and Professional Courage

  Standard 1.2 Organisation's Ethical Expectations

  Standard 1.3 Legal and Ethical Behaviour

- **Principle 2 Maintain Objectivity**

  Standard 2.1 Individual Objectivity

  Standard 2.2 Safeguarding Objectivity

  Standard 2.3 Disclosing Impairments to Objectivity

- **Principle 3 Demonstrate Competency**

  Standard 3.1 Competency

  Standard 3.2 Continuing Professional Development

- **Principle 4 Exercise Due Professional Care**

  Standard 4.1 Conformance with the Global Internal Audit Standards

  Standard 4.2 Due Professional Care

Standard 4.3 Professional Scepticism

- **Principle 5 Maintain Confidentiality**

  Standard 5.1 Use of Information

  Standard 5.2 Protection of Information

The UK government has set out Seven Principles of Public Life (also known as the **'Nolan Principles'**) that apply to all public servants (including contractors working in the public service).

Internal auditors working in the UK public sector must apply these alongside all other relevant ethical frameworks.

Arrangements for Appropriate Resourcing (Principle 8)

No formula exists that can be applied to determine internal audit coverage needs. However, as a guide, the minimum level of coverage is that required to give an annual evidenced-based opinion.

If during the risk assessment at the planning stage a shortfall in resources available is identified, the Internal Audit Manager will advise the Chief Executive followed by the Corporate Management Team and reported to the Governance and Audit Committee as required to assess the associated risks or to recommend additional resources as identified.

Internal audit work is prioritised according to risk, through the judgement of the Internal Audit Manager, informed by the Council's risk registers and in consultation with the Corporate Management Team. High risks identified during the year can be accommodated and the audit plan adjusted.

Should circumstances arise, during the year, that resources fall or appear to be falling below the minimum level required to provide an annual evidence-based opinion the Internal Audit Manager will advise the Chief Executive who Internal Audit directly reports to in the first instance, the Corporate Management Team by way of report and the Governance and Audit Committee will be advised through the resources section in the quarterly progress report.

Managing the Internal Audit Function (Principles 9 - 15)

To develop an effective Internal Audit Strategy and plan, the Chief Audit Executive must understand the organisation's governance, risk management, and control processes.

Assurance Services

Internal Audit work covers all Council activities, systems and processes and includes (but is not limited to):

- examining and evaluating the adequacy of the Council's system of internal control, including those pertaining to the deterrence, detection and investigation of fraudulent or illegal acts.
- reviewing the reliability and integrity of financial and operating information and the means used to identify, measure, classify and report such information.

- reviewing the systems established to ensure compliance with those policies, plans, procedures, laws and regulations which could have a significant impact on operations.
- reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- appraising the economy and efficiency with which resources are employed.
- reviewing the identification and assessment of risk by management.
- reviewing aspects of the control environment affected by significant changes to the organisation's risk environment.
- reviewing the Council's procedures and activities in relation to best value.
- co-ordinating Internal Audit activities with the work of the external auditors and assisting the external auditors as required.
- recommending, in consultation with management, appropriate solutions to identified systems weaknesses.
- ensuring management has confirmed action has been taken to implement audit recommendations; and
- in line with the principles of Following the Public Pound Internal Audit shall review, appraise and report on all services and other activities for which the Council is responsible or accountable, whether delivered directly or by third parties through contracts, partnerships or other arrangements.

Consultancy/Advisory Services

Consultancy work adds to the internal audit team's knowledge base and contributes to the overall internal audit opinion and/or assurance rating. However, this needs to be put into context to ensure that it does not lead to a distortion of the materiality of findings against risk and control priorities. Reporting to the audit committee should incorporate the progress on consultancy engagements as well as the work on the assurance programme for both planned and unplanned work. In fact, where governance, risk management and control issues are significant to the organisation Standard 2440.C2 states that they must be communicated to senior management and the board.

Any major consulting exercise, not included in the annual audit plan, should have the approval of the audit committee.

- consultancy and advice services, including work on fraud related matters may be undertaken from time to time at the request of senior management. A provision is included in the annual audit plan for this type of work.
- when undertaking such work auditors will maintain their independence and objectivity and will not take on management or operational responsibility for the project.
- any significant consultancy assignments will be reported separately to the audit committee.

It should be noted however that when internal audit resources are constrained, the primary focus must be on assurance work.

Audit Strategy

The Internal Audit will develop and maintain an Internal Audit Strategy for providing the Chief Executive and the Governance and Audit Committee with objective evaluation of and opinions on the effectiveness of the Councils risk management, control and governance arrangements. This is facilitated via development of an Audit Strategy. The Strategy will be approved by the Governance & Audit Committee; this approval will include acceptance of

risks or other areas of potential audit coverage which cannot be resourced and identification of consequent residual risk exposure. The Governance & Audit Committee will be advised by Internal Audit Manager that they are responsible for that residual risk.

Audit Approach

Internal Audit determines what areas within its scope should be included within the annual audit plan by adopting an independent risk-based approach including development of an audit needs assessment and development of annual audit plans. This is consistent with GIAS. Internal Audit does not necessarily cover all potential scope areas every year. The audit programme includes obtaining an understanding of the processes and system under audit, evaluating their adequacy and testing the operating effectiveness of key controls.

Internal Audit will coordinate with other internal and external providers of assurance and consulting services to ensure proper coverage and minimise duplication of efforts.

At the end of each audit review from the operational plan, the Internal Audit Manager or designee will prepare a written report and distribute it as appropriate.

Internal Audit will raise significant issues for the attention of line management as soon as identified during an audit review and at the close out meetings discuss all findings and agree recommendations that will be included in the draft reports with the auditee and consider the assurance level to be assigned. Levels of internal audit opinion can be seen in **Appendix 1.**

The Governance & Audit Committee will be updated regularly on the work of Internal Audit through periodic and annual reports. The Internal Audit Manager shall prepare reports of audit activities with significant findings along with any relevant recommendations and provide periodic information on the status of the annual audit plan.

Annual Report

In addition to quarterly update reports, the Internal Audit Manager will produce an annual report summarising the main issues raised by Internal Audit and on the performance of Internal Audit. This report will include:

- A summary of the work carried out by Internal Audit during the year, the purpose of which is to provide an audit opinion on the adequacy and effectiveness of the Council's governance, risk and controls to support the preparation of the Annual Governance Statement.
- Highlight areas of significant risk which need corrective action to improve the control framework.
- Consider the performance and contribution of Internal Audit in conjunction with staffing and resources.

Overall Opinions

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This opinion can then be used by the organisation to inform its annual governance statement by management.

The annual report must also include a statement on conformance with Global Internal Audit Standards in the UK Public Sector and the results of the quality assurance and improvement programme.

Quality Assurance (Principle 12)

Internal Audit Manager will develop and maintain a quality assurance and improvement programme covering all aspects of the internal audit activity and conforming to the relevant standards.

Fraud & Irregularity

Management is responsible for fraud prevention and detection. As internal audit performs its work programs, it will be observant of manifestations of the existence of fraud and weaknesses in internal control which would permit fraud to occur or would impede its detection. This will be communicated to Management via recommendations within the audit reports.

Internal Audit should be informed of all suspected or detected fraud, corruption or impropriety so that the auditors can consider the adequacy of the relevant controls and evaluate the implication of fraud and corruption on the internal control environment.

Internal Audit is the key contact for co-ordinating the National Fraud Initiative exercises.

Appendix I

Internal Audit Levels of Opinion

The following table of Internal Audit Opinions should be used in all Internal Audit Reviews:

Opinion	Definition
Satisfactory	Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives
Limited	There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
Unacceptable	The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

Priority	Definition
1	Failure to implement the recommendation is likely to result in a major failure of a key organisational objective, significant damage to the reputation of the organisation or misuse of public funds.
2	Failure to implement the recommendation could result in the failure of an important organisational objective or could have some impact on a key organisational objective.
3	Failure to implement the recommendation could lead to an increased risk exposure.
Insight	Internal audit insights are the findings and observations that arise from the audit process, providing a deeper understanding of an organization's operations, controls, and compliance. These insights can reveal areas for improvement, control weaknesses, and compliance issues. However, they do not provide actionable steps for management to address these issues.

Appendix 2

Follow-up Procedures – to ensure implementation of audit recommendations:

1) Issue of Recommendations:
When the any Internal Audit Report is issued to management for their responses – it is the Directors discretion to assign recommendations to an employee in their department.

On the recommendation tracking package each of the following must be clearly assigned:

- **Owner** – typically who is ultimately responsible for the recommendation (usually Director)
- **Assigned to** – typically the person who is assigned to undertake work on the recommendation on a day-to-day basis (person named on the Management Response)
- **Issue Manager** – who is typically either responsible for the person working on the recommendation or the person responsible for reporting on its status.

2) Automated reminders

The current package allows for the issue of the following automated reminders:

- **Recommendations passed their end or due date**

  This lists each overdue recommendation and its end date.

  It is issued on 1st of each month and is sent to Assigned to and Issue Managers (see explanations above)

- **List of Active Recommendation:**

  This lists all recommendations and their end date (includes all recs not just overdue recs).

  This is sent on the 14th of each month and is sent to Recommendation Owners (usually Directors)

3) Reports to Corporate Management Team (CMT):

A list of all overdue Recommendations will be presented with a summary report to CMT each month to allow progression and implementation of audit recommendations.