

Civic Headquarters Lagan Valley Island Lisburn BT27 4RL

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December 5th, 2025

Chairman: Councillor D Lynch

Vice-Chairman: Mr E Jardine, Independent Member

Aldermen: O Gawith, S P Porter and J Tinsley

Councillors: J Bamford, D Bassett, S Burns, D J Craig, A P Ewing, J Gallen, S Lowry,

M McKeever, R McLernon, B Magee and A Martin

Ex Officio: The Right Worshipful the Mayor, Alderman A Grehan

Deputy Mayor, Alderman H Legge

Notice Of Meeting

A meeting of the Governance and Audit Committee will be held on **Thursday**, **11th December 2025** at **5:00 pm** for the transaction of the undernoted Agenda.

David Burns
Chief Executive

Agenda

1.0 APOLOGIES

2.0 DECLARATIONS OF MEMBERS' INTERESTS

	` '	ecuniary or non-pecuniary interest (Member to complete disclosure of interest form)	
	<u> </u>	Disclosure of Interests form Sept 24.pdf	Page 1
3.0	REI	PORT BY PERFORMANCE IMPROVEMENT OFFICER	
	3.1	Customer Care Feedback – Q2 2025/26	
		For Noting Item 3.1 FINAL Cover Report - Customer Care Feedback Q2 GA.pdf	Page 3
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		Item 3.1 Appendix I - Customer Care Complaints & Compliments Qtr 2 2025 FINAL.pdf	Page 5
	3.2	Q2 Performance Improvement Monitoring - Objectives, Case Studies, Performance KPIs & Corporate Plan KPIs	
		For Noting	
		Item 3.2 Cover Report - Q2 Performance monitoring.pdf	Page 9
		☐ Item 3.2 Appendix I - Quarter 2 monitoring.pdf	Page 11
		☐ Item 3.2 Appendix IIa Performance Improvement Q2 KPIs (detailed).pdf	Page 17
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		☐ Item 3.2 Appendix IIIa Coproate Plan KPIs (detailed) FINAL.pdf	Page 27
		☐ Item 3.2 Appendix IIIb Coproate Plan KPIs (summary) FINAL.pdf	Page 29
	3.3	NI Audit Office - Audit and Assessment Report 2025/26	
		For Noting	
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		☐ Item 3.3 Appendix I FINAL LCCC-S95 Report 2025-26 Final - Amendment.pdf	Page 33
		☐ Item 3.3 Appendix II Final signed Audit Certificate LCCC.pdf	Page 54

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

4.1 Corporate Risk Register

For Noting

Item 4.1 - Cover report FINAL GA Corporate Risk Register Report Dec 25.pdf

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Item 4.1 - Appendix I Corporate Risk Register.pdf

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Item 4.1 - Appendix II Environmental Services Risk Register.pdf

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Item 4.1 - Appendix III Communities & Wellbeing Risk Register.pdf

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Item 4.1 - Appendix IV Finance & Corporate Services Risk Register.pdf

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☐ Item 4.1 - Appendix VI Regeneration & Growth Risk Register.pdf
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5.0 CONFIDENTIAL BUSINESS - "IN COMMITTEE"

All items are confidential due to containing information relating to the financial or business affairs of any particular person (including the Council holding that information)

Item 4.1 - Appendix V Organisation Development & Innovation Risk Register.pdf

5.1 REPORT BY HEAD OF FINANCE

- (i) 2024-2025 Final Report To Those Charged with Governance For Noting
- (ii) Annual Audit Letter 2024-25: Lisburn & Castlereagh City Council For Noting

5.2 REPORT BY INTERNAL AUDIT MANAGER

- 5.2.1 Internal Audit Progress Report For Noting
- 5.2.2 Chief Executives Statement of Assurance April 25 September 25 For Noting

- 6.0 CLOSED SESSION FOR MEMBERS (Members, Internal Audit and NIAO only)
- 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 <u>pecuniary interest</u> 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 <u>significant private or personal non-pecuniary interest</u> 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 n	ame):			
Date of Meeting:		_		
Item(s) in which you must declare an interest (please	Item(s) in which you must declare an interest (please specify item number from report):			
Nature of Private or Personal Non-Pecuniary Interest:				
Tradare of Fritate of Forestal Horri Country Interest.				
Name:				
Address:				
	T	·		
Signed:	Date:			

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



Committee:	Governance & Audit Committee
Date:	11 th December 2025
Report from:	Performance Improvement Officer

Item for:	Noting
Subject:	Customer Care Feedback – Q2 2025/26

1.0 Background and Key Issues:

- 1.1 Council aims to provide an effective and efficient service to all its ratepayers and customers. If on occasions, the service is not as our customers would expect, the Council would like to know about it.
- 1.2 Compliments and complaints are captured on the Council's Customer Care System and Complaints are dealt with through the Council's complaints handling procedure.
- 1.3 Attached under Appendix I is a dashboard report which details the key data regarding complaints and compliments in Quarter 2 (July September inclusive) of 2025/26.
- 1.4 Total complaints in Q2 have decreased by 12.5% compared to the previous quarter. Compliments have decreased by 21% since Q1.
- 1.5 Environmental Services and Leisure & Community Wellbeing received the bulk of complaints.
- 1.6 Within Environmental Services the main reasons for complaints were associated with waste collection. The main areas for complaints received within Leisure & Community Wellbeing were related to toilets, flags and grounds maintenance.
- 1.7 Of the 209 received, approx. 9% were upheld with a further 12% upheld in part. Almost half were resolved before any formal complaint was progressed. 4 complaints were escalated to stage 2 (Director). 2 stage 2 complaints were closed during Q2, 1 was upheld for Environmental Services and 1 was not upheld for Leisure & Community Wellbeing, within the quarter.
- 1.8 No complaints were escalated to stage 3 (NIPSO) during the quarter.
- 1.9 100% of responses to the Customer Satisfaction Survey in the quarter rated communication as "Excellent or Good". The response rate was 13%.
- 1.10 A summary of key learning outcomes from **complaints** are as follows:
 - Ensure customer care training is refreshed to maintain high standards of service.
 - Spot check relevant facilities to ensure bins are being emptied.
 - Ensure appropriate maintenance and aesthetics of our flowerbeds.
 - Continue to carry out pitch inspections and take action where any issues arise.
 - Ensure gate opening and closing times are actioned and appropriately communicated.
- 1.11 There was no requirement to amend any policy as a result of complaints received.
- The good practice noted from **compliments** related to customer service with staff going above and beyond their roles in a number of areas.

Compliments relating to good practice was also acknowledged in relation to the running of events, specifically the VJ Day celebrations, and the maintenance and appearance of a garden-based landscape of one of the Council facilities.

2.0	Recommendation: It is recommended that Members note this 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	No – not applicable this is an 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 <u>or</u> rationale why the screening was not carried out.	No – not applicable as this is an update report.	

Appendices: Appendix I – Dashboard Report showing Compliments & Complaints during Q2 (July - September 2025 inclusive)

CUSTOMER CARE COMPLAINTS AND COMPLIMENTS BREAKDOWN FOR QTR 2 2025

268

Total Cases

213

Total Complaints

209

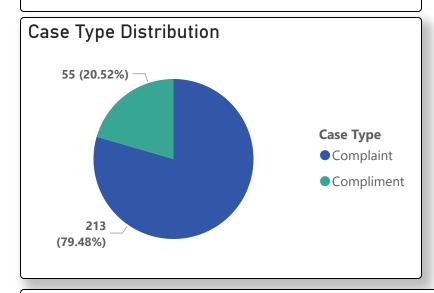
Stage 1 Complaints

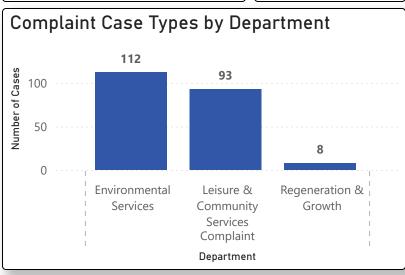
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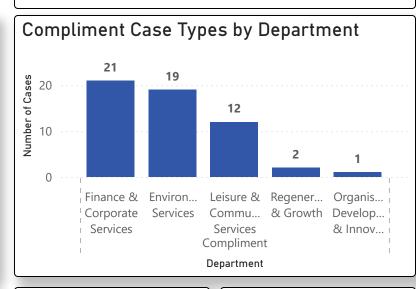
Stage 2 Complaints

55

Total Compliments









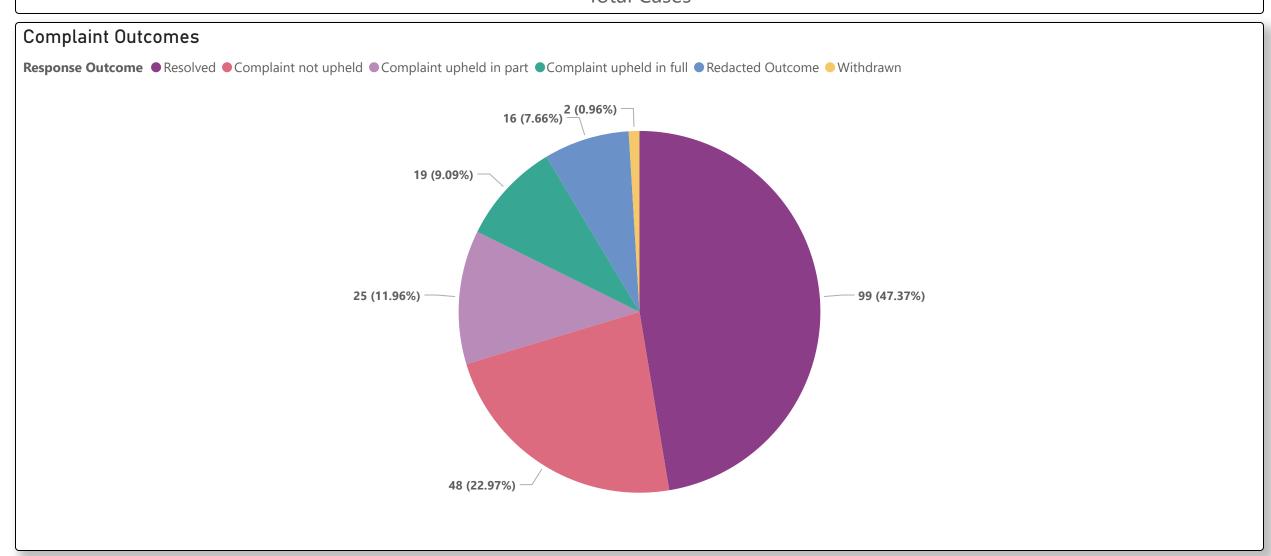
1 Extended Cases

16 Late Cases

CUSTOMER CARE STAGE 1 COMPLAINT OUTCOMES FOR QTR 2 2025

209

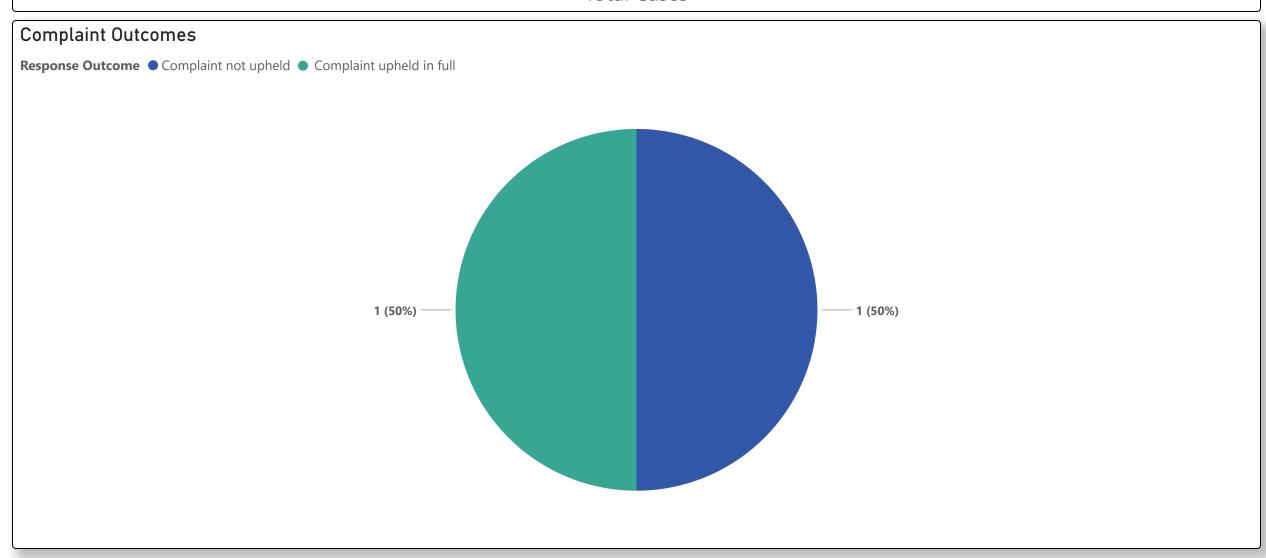
Total Cases



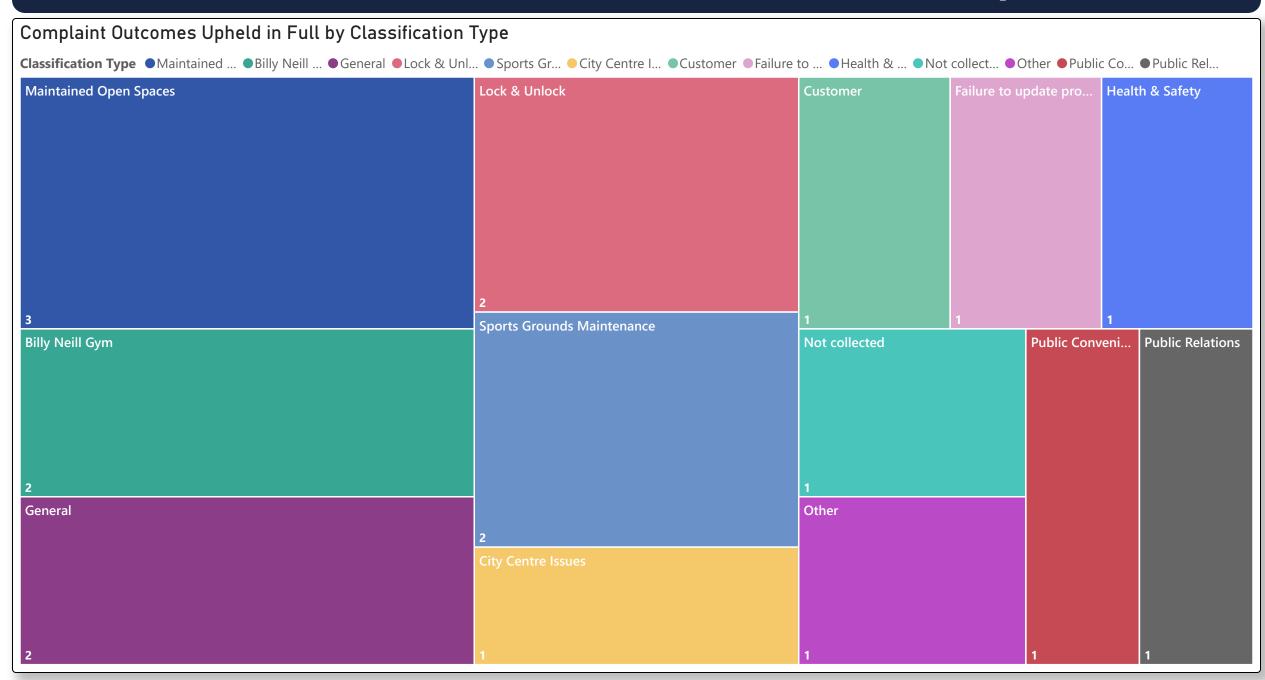
CUSTOMER CARE STAGE 2 COMPLAINT OUTCOMES FOR QTR 2 2025

2

Total Cases



CUSTOMER CARE STAGE 1 & 2 FULLY UPHELD COMPLAINT OUTCOMES FOR QTR 2 2025





Committee:	Governance & Audit Committee
Date:	11 th December 2025
Report from:	Performance Improvement Officer

Item for: Noting

Subject: Q2 Performance Improvement Monitoring - Objectives, Case Studies, Performance KPIs &

Corporate Plan KPIs

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 2025/26 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 2. This report covers the period July September inclusive of 2025/26.
- 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 2 (July September inclusive) of 2025/26. This appendix is shown in 2 formats appendix IIa and IIb.
- 1.4 Appendix IIa shows the quarterly progress during the 2025/26 financial year, this has been produced in response to members' requests to see comparative data across all quarters within the financial year of reporting.
- 1.5 Appendix IIb shows the Q2 progress in a summary graphical format.
- 1.6 There are 26 Performance Indicators for the 2025/26 financial year. 22 KPIs were achieved at the end of Q2, 4 KPIs were not achieved.
- 1.7 The 4 KPIs that were not achieved have reasons to explain. These can be found in the notes section of appendix IIa and IIb.
- 1.8 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 2 (July September inclusive) of 2025/26. This appendix is shown in 2 formats appendix IIIa and IIIb.
- 1.9 Appendix IIIa shows the quarterly progress during the 2025/26 financial year, this has been produced in response to members' requests to see comparative data across all quarters within the financial year of reporting.
- 1.10 Appendix IIIb shows the Q2 progress in a summary graphical format.
- 1.11 There are 9 Corporate Plan Indicators for the 2025/26 financial year. 8 KPIs were achieved at the end of Q2, 1 KPI was not achieved.

1.12	The 1 KPI that was not achieved, and the explanation why, can be found in the notes section of appendix IIIa and IIIb.			
2.0	Recommendation			
	It is recommended that Members note the appended reports.			
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 <u>or</u> 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 <u>or</u> rationale why the screening was not carried out.	No – not applicable as the purpose of this report is to provide performance data.		

Appendices:

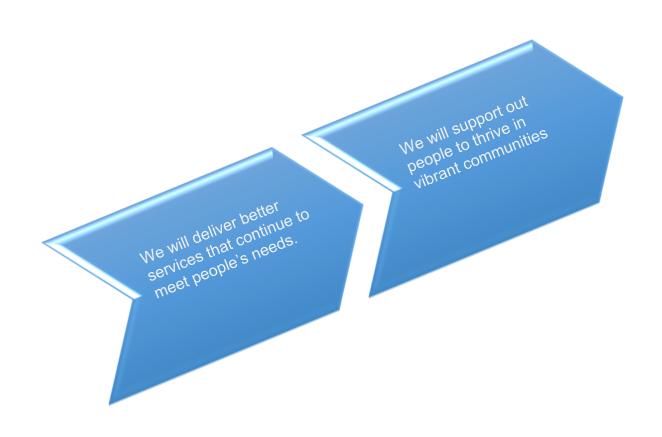
Appendix I - a quarterly monitoring document including case studies of improvement for the period Quarter 2 (July - September inclusive) of 2025/26. **Appendix IIa & IIb** details the Performance KPI results for the period Quarter 2 (July - September inclusive) of 2025/26.

Appendix IIIa & IIIb details the Corporate Plan KPI results for the period Quarter 2 (July - September inclusive) of 2025/26.



Performance Improvement Objectives 2025/26

Update Report Quarter 2, 2025/26



Performance Improvement Objective (1)

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

Project 1: Enhance processing times of planning applications by implementing and monitoring the Planning Service Improvement Programme (25/26)

Success Measures

- Proportion of invalid applications returned within 5 working days: 90% per quarter
- % of older applications (18+ months)
 Q1 20%, Q2 40%, Q3 -70%, Q4 90%
- Processing time (Local Applications) 15 week average:

Q1 - 30, Q2 - 25, Q3 - 20, Q4 - 15

Quarterly Update: PI targets varied

- 65 older applications target was exceeded.
- Statutory target for local applications not met but improvement of approximately 20 weeks.
- 38 more applications were decided than were received.

Impact

While the target was exceeded for older applications, this was to the detriment of the statutory target for local applications – but an improvement was made of 22.2 weeks since Q1.

It should also be noted however, that there was a significant reduction in the processing times for local applications which indicates the focus on this improvement project is now beginning to have a positive impact.

Project 2: Improve our Prompt Payments – reduce number of days taken to pay suppliers

Success Measures

- PI KPI: % of supplier invoices paid within 10 days
 - Q1 65%, Q2 70%, Q3 75%, Q4 80%
- PI KPI: % of supplier invoices paid within 30 days
 - Q1 88%, Q2 90%, Q3 92%, Q4 95%

Quarterly Update: PI Targets exceeded

- 82.62% of invoices were paid within 10 working days
- 96.44% of invoices were paid within 30 days.

Impact

Although we remain under the KPI of 90% for 10 days and 100% within 30 days, there has been a concentrated effort across the Council to improve the payment times.

Project 3: Increase our staff attendance levels

Success Measures

 The average number of working days lost due to absences reduced. (Rolling year absence – days lost per employee):

Q1 – 15.5, Q2 – 15.0, Q3 – 14.5, Q4 – 14

Quarterly Update: Target exceeded

- 14.76 days
- 12 H&W initiatives

Impact

In addition to the implementation of the new policy, 12 Health & Wellbeing Initiatives were undertaken in Q2 to support employee wellbeing.

Project 4: Reduce the percentage of household waste being disposed of in landfill sites.

Success Measure

 A maximum of 10% collected waste will be sent to landfill

Quarterly Update: Targets exceeded

0.24% of household waste

Impact

A new contract came into effect on 01 February 2025

Performance Improvement Objective (2)

We will support our people to thrive in vibrant communities

Project 1: Enabling our citizens to influence decision making through community conversations in Lisburn South and Downshire West.

Success Measures

- Development of a Village / Placeshaping Plan in Lisburn South (Ballymacash) and Downshire West (TBC)
- Q2 1 completed, Q4 1 additional completed
- Agreement & implementation of Village plan and where applicable case studies on the difference the community conversations have made within the areas

Quarterly Update: PI Targets on track

- Community consultation held on 3rd September 2025 to identify the key priorities for improving the Ballymacash area. Partners agreed to refine the draft Action Plan for short, medium and long-term priorities. This will be presented back to community representatives and partners on 9 October 2025 for review, agreement, and forward progression.
- Decisions regarding the next Village Plan locality (Moira/Downshire West/other) are pending.

Impact

See case study

Case Study

Following the initial community consultation held on 3 September 2025 at Elwood Presbyterian Hall, residents, community representatives, and statutory partners came together to identify key priorities for improving the Lisburn South/Ballymacash area. The feedback gathered during this event was collated and further refined at an Inter-Agency Partner in September 2025, ensuring strong alignment between community voices and deliverable actions.

At the statutory meeting, agencies including the Department for Infrastructure, Northern Ireland Housing Executive, PSNI, Public Health Agency, Volunteer Now, and a range of LCCC service areas (Parks, Waste Management,



Through this process, Ballymacash continues to demonstrate how Village Planning can serve as a practical platform for connecting community insight with partner delivery, building a

quarterly KPI updates.

and progression at a second

This follow-up event offers an

Community Development) helped shape the early themes. This collaborative approach enabled a shared draft Action Plan to be structured around short-, medium-, and longer-term priorities, each with nominated lead partners. This refined Ballymacash Village Action Plan will now be presented back to the community and partners for discussion

consultation session on 9 October 2025.

opportunity to confirm priority actions, identify responsible delivery leads, and agree on next steps for monitoring and reporting, which will feed into future

shared commitment to local improvement and strategic collaboration.

Decisions regarding the next Village Plan locality—whether Downshire West/Moira or another area—are currently pending, with further updates expected following internal scoping and partner engagement.

The goal is to develop a tailored Action Plan by the end of Q4, grounded in what matters most to the community.

Together, these plans will ensure that local voices shape local change — demonstrating how Council-led village planning continues to deliver responsive, people-centred outcomes.

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Project 2: Improve engagement methods by developing and implementing a Citizen Consultation Framework

Success Measure

Have we:

- Developed and launched a community consultation strategy – Q1
- Measured the number of consultations by directorate – Q3
- Created a consultation page on website, providing links to each live consultation, contact details for the service consulting etc – Q3/Q4

Quarterly Update: PI Targets on track

 Citizen Engagement Framework has been developed and will be shared with CMT and officers by next quarter.

Project 3: 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 advice for those with a disability

Success Measure

Have we supported 125 people within our Council area to achieve relevant qualifications that will enable them to gain employment.

- LMP support for 100 people
 Q1 0, Q2 20, Q3 40, Q4 –
 40
- Support for 25 people with a disability

Quarterly Update: Target exceeded

- LCC LMP delivered two employability academies.
- 10 participants undertook a World Host Academy
- 6 existing childminders received a Level 1 Makaton qualification.
- An additional two programmes were launched with a total of 27 people being recruited across the Classroom Assistant Academy and Transport Academy.
- 'Be Inclusive' bespoke training programme providing guidance to 23 employers across the council area on employing individuals with disabilities and fostering inclusive workplaces.
- Two disability-led programmes were successfully procured and appointed

Impact

See Case Studies

Case Studies:

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 Quarter 2 the LMP Team delivered two upskilling academies to 16 participants, furthermore an additional 2 academies were launched, recruiting a total of 27 participants. Details of some of our success stories can be found below.

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 Friday 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 the 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.

Project 4: Support the progression of actions in the Glenavy Village Plan in partnership with new and established groups.

Success Measures

Physical Measures:

Installation of new playpark in Killultagh housing development end of Q1

Installation of new bus shelter at Lyngrove by end of Q2

Replacement of existing bins and increased capacity of bins in Glenavy area.

Establishment of a pedestrian crossing in the village of Glenavy.

- Community & Wellbeing Measures:
 Capacity building with local community groups
- Environmental Measures:
 Biodiversity projects with schools in Glenavy throughout year
 Woodland and horticulture events in Glenavy throughout year

Quarterly Update: Targets on track

- New Playpark Installed complete
- Bus Shelter Installation at Lyngrove In Progress
- A planning application has been submitted to LCCC Planning for the shelter. Awaiting planning decision.
- Bin Replacement and Capacity Increase complete
- Pedestrian Crossing in Glenavy Village In Progress
- Community Capacity Building Ongoing
- 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.
- Biodiversity & School Engagement Complete

Impact

See Case Studies

Case Studies



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.

Bus Shelter Installation at Lyngrove – In Progress

A planning application has been submitted to LCCC Planning for the shelter. Awaiting planning decision.

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.

Dfl 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.

Community Capacity Building - Ongoing

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.

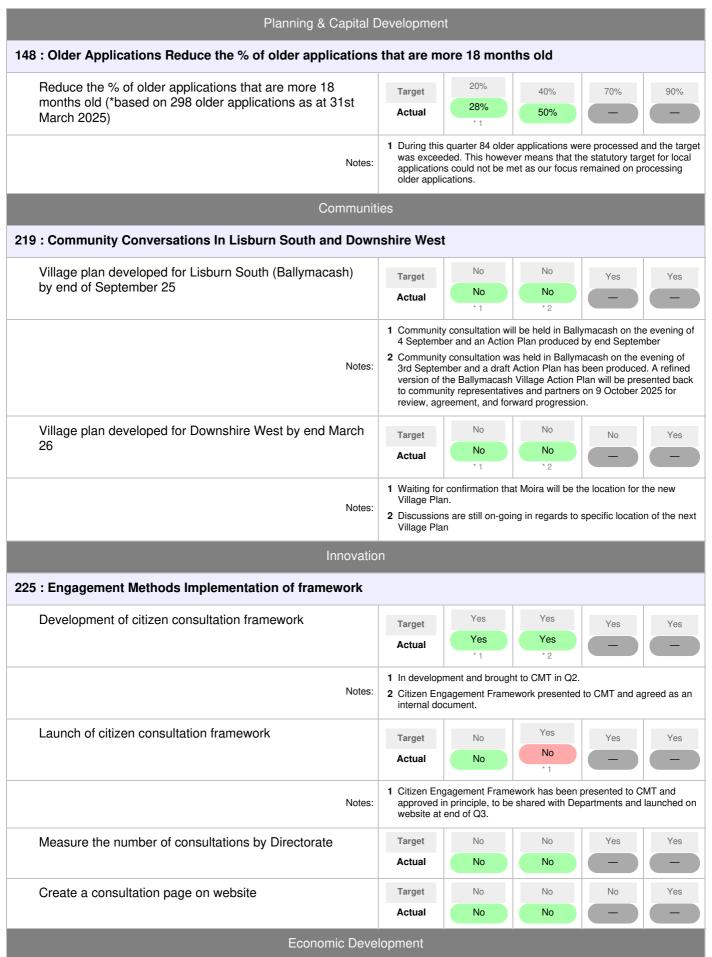
Biodiversity & School Engagement – Action Complete

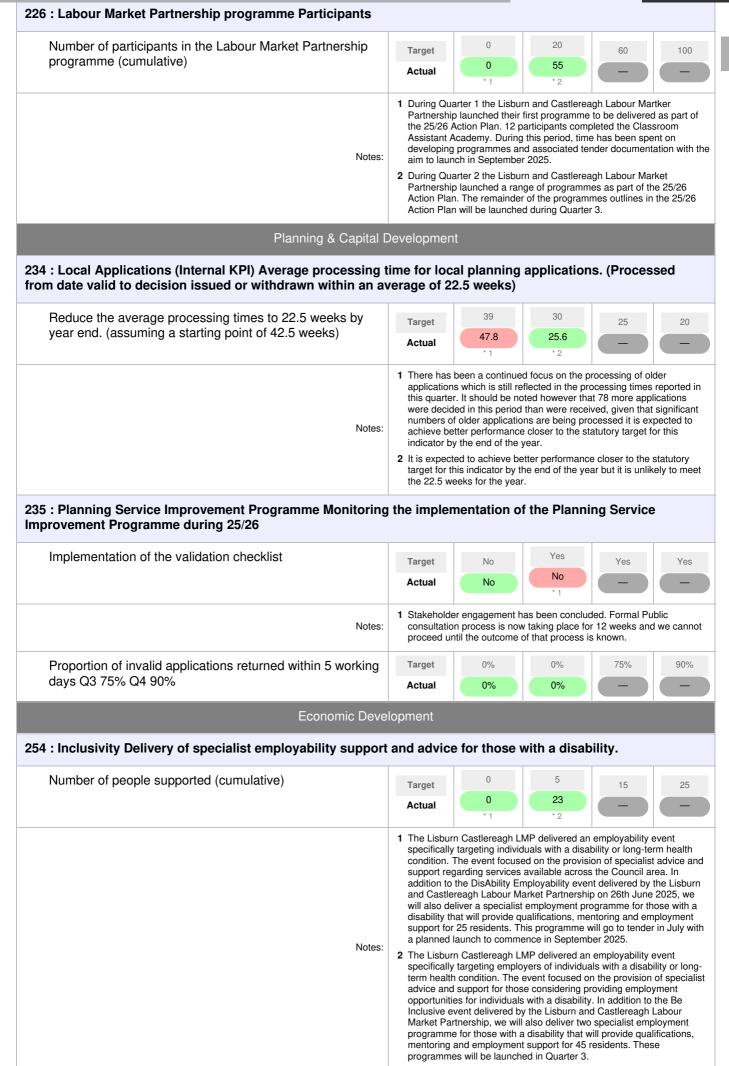
Ballymacrickett Primary School has actively participated in this work. This action is complete.

Department: All

(Type = 'Performance Improvement')

Tuesday 2nd of December 2025





			_		
Recruitment onto specialist programme of support	Target	No	Yes	Yes	Yes
	Actual	No	No * 1		
Notes:	Castlerea specialist provide qu	to the Be Inclusi gh Labour Market employment prog alifications, ment These programm	ve event deliver t Partnership, w ramme for thos toring and emplo	e will also deliv e with a disabil oyment suppor	er two ity that will t for 45
Delivery of accredited training	Target	No	No	Yes	Yes
belivery of accirculted training	Actual	No	No		
Receive bespoke mentoring tailored to each individual	Target	No	No	No	Yes
action plan	Actual	No	No		
Supporting participants on their journey Employment /	Target	No	No	No	Yes
Further Education	Actual	No	No		_
HR&OD					
: Staff Absenteeism					
Average Rolling year absence	Target	15.5	15.0	14.5	14
	Actual	14.23	14.76		-
Communiti	es				
: Glenavy Village Plan Actions					
Installation of new playpark in Killultagh housing	Target	Yes	Yes	Yes	Yes
development by end of Q1	Actual	Yes	Yes		_
		* 1	* 2		
Notes:		Department com ded through the S			
Installation of new bus shelter at Lyngrove by end of Q2	Target	No	Yes	Yes	Yes
	Actual	* 1	No * 2		_
Notes:	consent has square me	tion & Growth Co as been given to etres of land, who g application has waiting planning o	DfI, on behalf of are applying fo been submitted	f Translink to a r planning pern	dopt the fou nission.
Replacement of existing bins and increased capacity of	Target	Yes	Yes	Yes	Yes
bins in Glenavy area.	Actual	Yes * 1	Yes * 2		-
Notes:	2 Waste Ma installed in	d by Waste Mana nagement has co key locations ac ow in operation.	mpleted this ac		
Establishment of a pedestrian crossing in the village of	Target	No	No	No	Yes
Glenavy.	Actual	No * 1	No * 2	-	—
Notes:	terms of the Departure of the Departure of a pede survey was highly aga consistent vehicle voulnerabilisite does it	Development take process. Furth rtment for Infrastr strian crossing or s conducted in N inst other sites be, criteria-based p lumes, traffic spety of users, and cot meet current future considerat	king forward, ar er update to folk ructure (DfI) has n Glenavy Road ovember 2023, ased on assessi rocess that come ed, road width, sollision history.	ow. responded to I, confirming the the location dic ed need. Dfl us siders pedestric proximity to am Although the G unding, it will re	the request at while a I not rank ses a an and nenities, slenavy Roa main on the

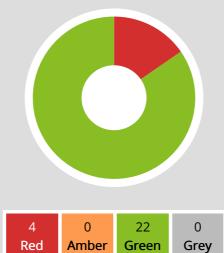
da 3.27 item 3.2 Appendix na i enormance improvement			
Capacity building with local community groups (cumulative)	Target 1 2 3 4 Actual 1 2 — —		
Notes: Biodiversity projects with schools / woodland & horticulture events in Glenavy throughout year	1 A networking event was held at St Clare's Community Hall in Glenar 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 evis 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. Target 1 2 3 4		
(cumulative)	Actual 1 2		
Notes:	1 Ballymacrickett Primary School has a lovely woodland area and the Community Engagement Officer in Parks Dept worked with a group pupils in autumn 2024 doing tree identification and seed collection. Seed to the school in Dec bringing a range of bulbs and worked with the eco counsellors and children from the afterschool club to play 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.		
Operational S	Services		
263 : Waste collection % of collected waste going to landfill	Il through the residual waste treatment contract		
Less than 10% of our collected waste will go to landfill	Target 10% 10% 10% 10% 10% Actual 0% 0.24% —		
Finance			
268 : Finance Prompt payments			
% of supplier invoices paid within 10 days	Target 65% 70% 75% 80% Actual 85.2% 82.62% — —		
% of supplier invoices paid within 30 days	Target 88% 90% 92% 95% Actual 96.81% 96.44% —		

Performance Summary

All

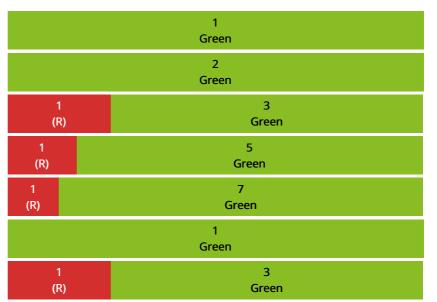
(Type = 'Performance Improvement')

Tuesday 2nd of December 2025



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





22

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)

TARGET 40%

ACTUAL 50%

STATUS **Green**

DUE 1ST OCT 25

Notes:

COMMUNITIES DUE 1ST OCT 25

219 : Community Conversations In Lisburn South and Downshire West : Village plan developed for Lisburn South (Ballymacash) by end of September 25

target No actual **No** STATUS Green

Notes: 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.

COMMUNITIES DUE 1ST OCT 25

219 : Community Conversations In Lisburn South and Downshire West : Village plan developed for Downshire West by end March 26

TARGET NO

actual **No** STATUS **Green**

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

INNOVATION DUE 1ST OCT 25

225 : Engagement Methods Implementation of framework: **Development** of citizen consultation framework

TARGET Yes ACTUAL Yes STATUS **Green**

Notes: Citizen Engagement Framework presented to CMT and agreed as an internal document.

INNOVATION DUE 1ST OCT 25

225 : Engagement Methods Implementation of framework: Launch of citizen consultation framework

TARGET Yes actual **No** STATUS

Notes: 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.

INNOVATION DUE 1ST OCT 25

225 : Engagement Methods Implementation of framework: **Measure the** number of consultations by Directorate

TARGET NO

ACTUAL No

STATUS **Green**

Notes:

DUE 1ST OCT 25

225: Engagement Methods Implementation of framework: Create a consultation page on website

TARGET No

ACTUAL No

STATUS Green

Notes:

INNOVATION

ECONOMIC DEVELOPMENT DUE 1ST OCT 25

226: Labour Market Partnership programme Participants: Number of participants in the Labour Market Partnership programme (cumulative)

TARGET 20

ACTUAL 55

STATUS **Green**

Notes: 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 outlines in the 25/26 Action Plan will be launched during Quarter 3.

PLANNING & CAPITAL DEVELOPMENT

DUE 1ST OCT 25

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)

TARGET 30

ACTUAL 25.6

STATUS Green

Notes: 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 22.5 weeks for the year.

PLANNING & CAPITAL DEVELOPMENT

DUE 1ST OCT 25

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

TARGET Yes

ACTUAL No

STATUS Red

Notes: 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.

PLANNING & CAPITAL DEVELOPMENT

DUE 1ST OCT 25

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:

Back to Agenda

259 : Glenavy Village Plan Actions: Installation of new playpark in

Killultagh housing development by end of Q1

COMMUNITIES

TARGET Yes Yes

STATUS

DUE 1ST OCT 25

25

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

COMMUNITIES DUE 1ST OCT 25

259 : Glenavy Village Plan Actions: Installation of new bus shelter at Lyngrove by end of Q2

TARGET Yes

ACTUAL No

STATUS

Notes: A planning application has been submitted to LCCC Planning for the shelter. Awaiting planning decision.

COMMUNITIES DUE 1ST OCT 25

259 : Glenavy Village Plan Actions: **Replacement of existing bins and increased capacity of bins in Glenavy area.**

TARGET Yes Yes

STATUS **Green**

across the Glenavy

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

COMMUNITIES DUE 1ST OCT 25

259 : Glenavy Village Plan Actions: Establishment of a pedestrian crossing in the village of Glenavy.

TARGET NO

ACTUAL No

STATUS

Green

Notes: The Department for Infrastructure (Dfl) 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. Dfl 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 Dfl list for future consideration should priorities or conditions change.

COMMUNITIES DUE 1ST OCT 25

259 : Glenavy Village Plan Actions: Capacity building with local community groups (cumulative)

TARGET

ACTUAL 2

STATUS **Green**

Notes: 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.

COMMUNITIES DUE 1ST OCT 25

259 : Glenavy Village Plan Actions: **Biodiversity projects with schools /** woodland & horticulture events in Glenavy throughout year (cumulative)

TARGET 2

ACTUAL 2

STATUS **Green**

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

90%

96.44%

Green

days

Notes:

Department: All

(Type = 'Corporate Plan')

Thursday 4th of December 2025



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

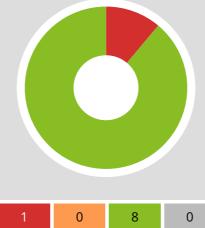
Planning permission by end Q2	Target No Yes Yes Yes
	Actual No No — —
Notes:	The key reasons for not achieving planning permission are as follow The complete set of design drawings were not provided to LCCC by the designers at the exact date they were requested, there was a de with one drawing HED have not responded with their views on the revised drawings and given the Heritage aspect of this village it woul be foolish to proceed without HED input Dfl had a few minor issue with the new drawings and these needed to be amended by the desiteam
Leisure & Communi	ty Wellbeing
62 : Health & Wellbeing Programmes & events	
Number of Health & Wellbeing Programmes (cumulative)	Target 20 40 60 80
	Actual 27 46 — —
Notes:	In quarter 2 there were an additional 19 health and wellbeing programmes delivered with10 programmes delivered through Outrea and Inclusion and nine through the Health and wellbeing officer.
Number of participants on the Health & Wellbeing	Target 500 800 1300 1800
programmes (cumulative)	Actual 1642 3380 — —
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 the have proven to be very popular. Given that a number of these activitiance 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 participant during this period while the health & wellbeing programmes had 152 participants during this period, bringing the total to 19 programmes with 1738 participants in Quarter 2. Subsequent to the KPI being set 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.
Number of Community Events (Cumulative)	Target 25 50 75 100 Actual 27 62
Notes:	6 community events for Community Services, 10 Community Plannir Events, 8 Age friendly events, 1 Mayors Parade, 2 Biodiversity In Q2 35 Community events were held: PCSP = 12 events Commun Services = 6 C Planning = 5 (Youth Councils and Ballymacash even Age Friendly = 9 (Summer scheme) and Dementia Friendly Commun Training + Ballybeen Walking Group + Dementia Info Day = 3

Performance Summary

All

(Type = 'Corporate Plan')

Thursday 4th of December 2025



1 0 8 0
Red Amber Green Grey

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

Environmental Health, Risk & Emergency Planning

Regeneration & Growth

Planning & Capital Development

Assets

Economic Development

Leisure & Community Wellbeing

Innovation



ECONOMIC DEVELOPMENT

DUE 1ST OCT 25

38: New Jobs Number per annum: Number of new jobs linked to economic development programmes (cumulative)

TARGET 40

ACTUAL 72

STATUS Green

Notes: This is a cumulative figure, 38 jobs in Q2. LCCC still awaiting Belfast City Council – Go-Succeed PMO to verify Qtr.2 numbers

ASSETS DUE 1ST OCT 25

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

TARGET 80%

ACTUAL 97%

STATUS

Green

Notes: 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.

PLANNING & CAPITAL DEVELOPMENT

DUE 1ST OCT 25

228 : Capital Programme Expenditure measured against Budget: Cumulative % Expenditure against budget

TARGET 40%

ACTUAL 72.02%

STATUS Green

Notes: 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.

REGENERATION & GROWTH

DUE 1ST OCT 25

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

TARGET 40% ACTUAL 40%

STATUS

Green

Notes:

ENVIRONMENTAL HEALTH, RISK & EMERGENCY PLANNING

DUE 1ST OCT 25

246: Enhance burial provision Increase number of plots in line with outline business case: Number of new grave plots in operation (cumulative)

TARGET 150

ACTUAL 156

STATUS Green

Notes: 156 graves developed, with 98 available for release.

INNOVATION DUE 1ST OCT 25

247 : Further projects with BRCD: Destination Royal Hillsborough Programme including planning and award of contracts. : **Planning permission by end Q2**

TARGET Yes ACTUAL **No** STATUS

31

Notes: 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. - Dfl had a few minor issues with the new drawings and these needed to be amended by the design team

LEISURE & COMMUNITY WELLBEING

DUE 1ST OCT 25

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

TARGET 40

ACTUAL

STATUS

Notes: 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 .

LEISURE & COMMUNITY WELLBEING

DUE 1ST OCT 25

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

TARGET 800

3380

STATUS

Notes: 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.

LEISURE & COMMUNITY WELLBEING

DUE 1ST OCT 25

262 : Health & Wellbeing Programmes & events : Number of Community Events (Cumulative)

TARGET 50

ACTUAL 62

STATUS **Green**

Notes: 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



	Committee:	Governance & Audit Committee
	Date:	11th December 2025
	Report from:	Performance Improvement Officer

Item for: Noting

Subject: NI Audit Office - Audit and Assessment Report 2025/26

1.0 **Background and Key Issues:** The Local Government Auditor carried out a Performance Improvement Audit of the Council during October 2023 in order to meet the requirements of the Local Government Act (NI) 2014. We have now received feedback and have achieved an unqualified audit. Attached under Appendices 1 and 2 is a final report and certificate of compliance recently issued by the NI Audit Office. This assessment is for the financial year 2024/25. The NIAO did not identify any issues requiring formal recommendation and they did not make any proposals for improvement in their Audit and Assessment Report 2025-26. Some observations and suggestions on the thematic areas of the audit are detailed in annex B of Appendix 1. This report is presented for consideration and scrutiny as appropriate. 2.0 Recommendation It is recommended that Members note the appended report. 3.0 **Finance and Resource Implications** N/A **Equality/Good Relations and Rural Needs Impact Assessments** 4.0 No Has an equality and good relations screening been carried out? 4.1 Brief summary of the key issues identified and proposed mitigating actions or 4.2 No – not applicable as this rationale why the screening was not carried out report is for noting and does not require decision. 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 No – not applicable as this rationale why the screening was not carried out. report is for noting and does not require decision.

Appendices: Appendix 1 - Audit and Assessment Report 2025-26
Appendix 2 - Certificate of Compliance from NIAO



Audit and Assessment Report 2025-26

Report to the Council and the Department for Communities under Section 95 of the Local Government (Northern Ireland) Act 2014

Lisburn and Castlereagh City Council

28 November 2025



Contents

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	ANNEXES	
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We have prepared this report for Lisburn and Castlereagh City Council's sole use. You must not disclose it to any third party, quote or refer to it, without our written consent and we assume no responsibility to any other person.

1. Key Messages

Summary of the audit

Audit outcome	Status
Audit opinion	Unqualified opinion
Audit assessment	The LGA has concluded that the Council is likely to comply with Part 12 of the Local Government Act (Northern Ireland) 2014 (the Act) during 2025-26.
Statutory recommendations	The LGA made no statutory recommendations
Proposals for improvement	The LGA made no new proposals for improvement

This report summarises the work of the Local Government Auditor (LGA) on the 2025-26 performance improvement audit and assessment undertaken on Lisburn and Castlereagh City Council. We would like to thank the Chief Executive and his staff, particularly the Performance Improvement Officer, for their assistance during this work.

We consider that we comply with the Financial Reporting Council (FRC) ethical standards and that, in our professional judgment, we are independent and our objectivity is not compromised.

Audit Opinion

The LGA has certified the performance arrangements with an unqualified audit opinion, without modification. She certifies an improvement audit and improvement assessment has been conducted. The LGA also states that, as a result, she believes that the Lisburn and Castlereagh City Council (the Council) has discharged its performance improvement and reporting duties, including its assessment of performance for 2024-25 and its 2025-26 improvement plan, and has acted in accordance with the Guidance.

Audit Assessment

The LGA has assessed whether the Council is likely to comply with its performance improvement responsibilities under Part 12 of the Local Government Act (Northern Ireland) 2014 (the Act). This is called the 'improvement assessment'.

In her opinion, the Council is likely to discharge its duties in respect of Part 12 of the Act during 2025-26 and has demonstrated a track record of improvement. The LGA did not exercise her discretion to assess and report whether the Council is likely to comply with these arrangements in future years.

Audit Findings

During the audit and assessment we identified no issues requiring a formal statutory recommendation under the Act. We made no proposals for improvement (see Section 3). Detailed observations on thematic areas are provided in Annex B.

Status of the Audit

The LGA's audit and assessment work on the Council's performance improvement arrangements is now concluded. By 31 March 2026 she will publish an Annual Improvement Report on the Council on the NIAO website, making it publicly available. This will summarise the key outcomes in this report.

The LGA did not undertake any Special Inspections under the Act in the current year.

Management of information and personal data

During the course of our audit, we have access to personal data to support our audit testing. We have established processes to hold this data securely within encrypted files and to destroy it where relevant at the conclusion of our audit. We can confirm that we have discharged those responsibilities communicated to you in accordance with the requirements of the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.

Other matters

Sustainability and Climate Change

Under the Climate Change Act (Northern Ireland) 2022, Councils are required to prepare prospective reports on how they are adapting to climate change in the exercise of their functions. The reports are designed to help aid well-informed action to tackle climate change, reduce greenhouse gas emissions, and reduce the impact of climate change.

The first report covers the four-year period beginning January 2026. At present individual councils are at varying stages in their journey toward the NI Executive's target of a 48 per cent reduction in their baseline emissions by 2030.

If Councils are to link climate change and sustainable action to their performance objectives or even as part of their wider continuous improvement arrangements in future years, it will be necessary to consider arrangements to improve, including ensuring adequate resourcing and gathering of accurate data.

Benchmarking

As I have reported in previous years, whilst councils have undertaken work to improve benchmarking, for example by participating in the Association of Public Service Excellence (APSE) Performance Networks, more progress needs to be made by the sector to allow a broader range of functions to be compared to support councils with their General Duty to Improve, in accordance with section 84 of the Local Government (Northern Ireland) Act 2014.

2. Audit Scope

Part 12 of the Act provides all councils with a general duty to make arrangements to secure continuous improvement in the exercise of their functions. It sets out:

- a number of council responsibilities under a performance framework; and
- key responsibilities for the LGA.

The Department for Communities (the Department) has published 'Guidance for Local Government Performance Improvement 2016' (the Guidance) which the Act requires councils and the LGA to follow. Further guidance to clarify the requirements of the general duty to improve was issued by the Department during 2019.

The improvement audit and assessment work is planned and conducted in accordance with the Audit Strategy issued to the Council, the LGA's Code of Audit Practice for Local Government Bodies in Northern Ireland and the Statement of Responsibilities.

The improvement audit

Each year the LGA has to report whether each council has discharged its duties in relation to improvement planning, the publication of improvement information and the extent to which each council has acted in accordance with the Department's Guidance. The procedures conducted in undertaking this work are referred to as an "improvement audit". During the course of this work the LGA may make statutory recommendations under section 95 of the Act.

The improvement assessment

The LGA also has to assess annually whether a council is likely to comply with the requirements of Part 12 of the Act, including consideration of the arrangements to secure continuous improvement in that year. This is called the 'improvement assessment'. She also has the discretion to assess and report whether a council is likely to comply with these arrangements in future years.

The annual improvement report on the Council

The Act requires the LGA to summarise all of her work (in relation to her responsibilities under the Act) at the Council, in an 'annual improvement report'. This will be published on the NIAO website by 31 March 2026, making it publicly available.

39

Special inspections

The LGA may also, in some circumstances, carry out special inspections which will be reported to the Council and the Department, and which she may publish.

40

3. Audit Findings

During the audit and assessment no issues were identified that required a formal recommendation under the Act. There were also no issues identified requiring a Proposal for Improvement, which represents good practice to assist the Council in meeting its responsibilities for performance improvement.

Our procedures were limited to those considered necessary for the effective performance of the audit and assessment. Therefore, the LGA's observations should not be regarded as a comprehensive statement of all weaknesses which exist, or all improvements which could be made.

Detailed observations for the thematic areas can be found at Annex B.

4. Annexes

Annex A – Audit and Assessment Certificate

Audit and assessment of Lisburn and Castlereagh City Council's performance improvement arrangements

Certificate of Compliance

I certify that I have audited Lisburn and Castlereagh City Council's (the Council) assessment of its performance for 2024-25 and its improvement plan for 2025-26 in accordance with section 93 of the Local Government Act (Northern Ireland) 2014 (the Act) and the Code of Audit Practice for local government bodies.

I also certify that I have performed an improvement assessment for 2025-26 at the Council in accordance with Section 94 of the Act and the Code of Audit Practice.

This is a report to comply with the requirement of section 95(2) of the Act.

Respective responsibilities of the Council and the Local Government Auditor

Under the Act, the Council has a general duty to make arrangements to secure continuous improvement in the exercise of its functions and to set improvement objectives for each financial year. The Council is required to gather information to assess improvements in its services and to issue a report annually on its performance against indicators and standards which it has set itself or which have been set for it by Government departments.

The Act requires the Council to publish a self-assessment before 30 September in the financial year following that to which the information relates, or by any other such date as the Department for Communities (the Department) may specify by order. The Act also requires that the Council has regard to any guidance issued by the Department in publishing its assessment.

As the Council's auditor, I am required by the Act to determine and report each year on whether:

 The Council has discharged its duties in relation to improvement planning, published the required improvement information and the extent to which the Council has acted in accordance with the Department's guidance in relation to those duties; and • The Council is likely to comply with the requirements of Part 12 of the Act.

Scope of the audit and assessment

For the audit I am not required to form a view on the completeness or accuracy of information or whether the improvement plan published by the Council can be achieved. My audits of the Council's improvement plan and assessment of performance, therefore, comprised a review of the Council's publications to ascertain whether they included elements prescribed in legislation. I also assessed whether the arrangements for publishing the documents complied with the requirements of the legislation, and that the Council had regard to statutory guidance in preparing and publishing them.

For the improvement assessment I am required to form a view on whether the Council is likely to comply with the requirements of Part 12 of the Act, informed by:

- a forward looking assessment of the Council's likelihood to comply with its duty to make arrangements to secure continuous improvement; and
- a retrospective assessment of whether the Council has achieved its planned improvements to inform a view as to its track record of improvement.

My assessment of the Council's improvement responsibilities and arrangements, therefore, comprised a review of certain improvement arrangements within the Council, along with information gathered from my improvement audit.

The work I have carried out in order to report and make recommendations in accordance with sections 93 to 95 of the Act cannot solely be relied upon to identify all weaknesses or opportunities for improvement.

Audit opinion

Improvement planning and publication of improvement information

As a result of my audit, I believe the Council has discharged its duties in connection with (1) improvement planning and (2) publication of improvement information in accordance with section 92 of the Act and

has acted in accordance with the Department for Communities' guidance sufficiently.

Improvement assessment

As a result of my assessment, I believe the Council has discharged its duties under Part 12 of the Act and has acted in accordance with the Department for Communities' guidance sufficiently.

In my opinion, the Council has demonstrated a track record of ongoing improvement and I believe that the Council is likely to comply with Part 12 of the Act during 2025-26.

I have not conducted an assessment to determine whether the Council is likely to comply with the requirements of Part 12 of the Act in subsequent years. I will keep the need for this under review.

Other matters

I have no recommendations to make under section 95(2) of the Local Government (Northern Ireland) Act 2014.

I am not minded to carry out a special inspection under section 95(2) of the Act.

Colette Kan

Colette Kane Local Government Auditor Northern Ireland Audit Office 106 University Street BELFAST BT7 1EU 26th November 2025

Annex B - Detailed observations

Thematic area	Observations
General duty to improve	The Council has effectively established arrangements to select objectives and establish a system to ensure continuous improvement in order to achieve its General Duty to Improve.
	The Council's objectives are aligned with its community and corporate plans. It has outlined specific projects and outcomes to gauge success, with objectives monitored through quarterly key performance indicator (KPI) reports. These arrangements are connected to the seven improvement aspects mentioned in the statutory guidance and the Council's corporate priorities.
	The Council published its Performance Improvement Plan 2025-26 in June 2025 following approval by the Governance and Audit Committee. The plan outlines the Council's arrangements to secure continuous improvement in the exercise of its functions, including the overall objectives, related projects, and self-imposed indicators.
	KPIs for functions and services across the Council are in place, monitored and reported on, and continue to be developed. The Council has an established performance management system software with an onscreen dashboard available to all Heads of Service and Directors to monitor their function and departmental performance in-year. KPIs across all functions and services are reported on a quarterly basis.
	Performance against specific improvement objectives, KPIs and measures supporting them, are reported on regularly.

Thematic area	Observations
Governance arrangements	The Council has adequate governance and scrutiny arrangements in place. The Council has a Performance Improvement (PI) manager who regularly engages with delivery officers for projects and reports to members at every Governance and Audit (G&A) Committee with a full monitoring pack.
	The G&A Committee has performance improvement as a standing item on the agenda and findings are brought to the full Council for ratification. The Council Management Team (CMT) also have oversight and input into the plan and each director will receive updates on the projects that fall under their remit.
	Internal audit had conducted a high-level advisory report on the Performance Improvement process which recorded no issues within the Performance Objective processes. We also met with Internal Audit and were advised that the Internal Audit team plan is to continue to monitor the quarterly reports in an advisory role and will take into consideration this S95 report for potential further work to be conducted.
	During our audit fieldwork, we met with nine Senior Responsible Officers (SROs) of the projects and reviewed their team structure, record-keeping practices and processes for updating the Performance Improvement manager and performance improvement management system. In these meetings, we also discussed their responsibility for project progress and any challenges faced in achieving the performance objectives. A broad range of projects are managed under the responsible department's risk register and budget.
	These arrangements are considered to be operating effectively.

Thematic area	Observations
Improvement objectives	Council had the same two objectives for the past four years up to 2024/25 with different improvement projects each year. Success with their performance improvement projects for 2024-25 established the foundation to achieving the longer-term outcomes. There are two new objectives for 2025-26 which are aligned to the ambitions of the Lisburn and Castlereagh Community Plan. The Council will:
	 deliver better services that meet people's needs; and support our people to thrive in vibrant communities.
	The Council approved the improvement objectives formally through the Governance and Audit Committee and the Committee minutes are ratified by the Full Council.
	Each improvement objective sets out
	- why they were chosen;
	- the projects needed to achieve the objective;
	- risks associated with each objective;
	- links to the Corporate Plan and the seven criteria laid out in legislation;
	 what success will look like for each project, including measurable outcomes; and overall desired outcomes from delivering each objective.
	Arrangements are in place to try to secure achievement of its improvement objectives.
	Council has a performance management system to collect and report on data and information specific to each overall objective and the Performance Improvement Officer also gathers qualitative data on a quarterly basis. Progress to date is reported to the Governance and Audit Committee each quarter in the form of both a KPI report and a

Thematic area	Observations
	more qualitative report detailing progress to date and shows a section on, "what difference did we make?" detailing feedback received and positive stories of community outcomes arising from the projects.
	Upon review of the prior year, it was noted that two projects were not fully accomplished:
	• "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 financial year 24-25; and
	We will continue to enable our citizens to influence decision making through community conversations in Lisburn South and Downshire West."
	The council will carry the above two projects into 2025-26.
	We reviewed the connections between each objective and the seven aspects of improvement outlined in the Act and found that each objective has been appropriately mapped. The selection of projects for each objective ensures that all seven aspects are thoroughly addressed through their specific contributions.
	The consultation arrangements comply with the requirements of the Act and the Council's own policy on consultation.
Consultation	The consultation process is considered to be effective, with the Council employing a range of in-person focus groups alongside an online survey, promoted through its website and social media, to gather a range of opinions regarding its proposed performance objectives and projects.
	Significant effort appears to have been made to ensure that the focus groups are accessible to hard-to-reach groups. The Council had arranged these groups across contrasting times, having a sign language interpreter and organised an additional focus

Thematic area	Observations
	group for the Age Friendly Forum to promote maximum participation and inclusivity, engaging 56 consultees. Heads of Services attended these focus groups to discuss project plans, success metrics and outcomes while discussing any questions that arose.
	The Survey functions as an opinion-based poll focusing on the Council's Performance Objectives and associated projects. While it may not offer detailed explanations of the projects, which can introduce some ambiguity about plans and outcomes, the format is designed to maintain participants' attention.
	The Council's combined approach of both in-person and online consultation methods allows for a broad range of feedback to be collected. This approach ensures that the focus groups provide detailed explanations not available in the survey, enhancing the overall depth and reach of the consultation process.
Improvement plan	The improvement plan has complied with the relevant sections of the legislation and taken into consideration, and also applies, DfC guidance to the plan.
	The Council published its improvement plan for 2025-26 on the 25 June 2025 on its website before the DfC deadline. The Council has made the full improvement plan readily available as a pdf document and also has a digital summarised version available on their website. The Council has also committed to taking all reasonable steps to provide the plan in other formats and languages upon request.
	The structure and content of the plan are well presented, with all necessary elements required by legislation and DfC guidance included. The improvement plan includes a separate section from the performance objectives dedicated to the statutory performance indicators.

Thematic area	Observations
	The improvement plan also features a section dedicated to the consultation process and a section inviting stakeholders to propose new objectives and provide feedback, complete with contact details, enabling an ongoing feedback mechanism for comments throughout the year.
	The Council may also wish to consider promoting the Performance Improvement Plan and Self-Assessment Report on its social media platforms to increase public awareness. We also made this observation last year.
Arrangements to improve	The Council is required to establish arrangements to deliver on its improvement objectives each year. The Department for Communities' guidance states that the Council should be able to understand and demonstrate the impact of its arrangements for continuous improvement on the outcomes for citizens.
	The Council continues to make progress putting arrangements in place to secure continuous improvement in the exercise of its functions to achieve its General Duty to Improve as well as its improvement objectives in 2025-26 and has made arrangements to secure achievement of improvement in each of its improvement objectives.
	Projects are assigned to Senior Responsible Officers who are staff at Head of Service level within the Council. They are responsible for reporting to the Performance Improvement Officer on a regular basis and providing both qualitative and quantitative information to inform the reports taken to meetings and committees. Progress towards achievement of the objectives and underlying projects is monitored by the Corporate Management Team, and ultimate scrutiny and monitoring responsibility lies with the Governance and Audit Committee, who meet quarterly. It is regularly supplied with documentation to support the performance improvement items on the agenda, including a status report on KPIs and a qualitative report on progress to date, which assists it in performing its monitoring function.

Thematic area	Observations
Collection, use and publication of performance information	The Council has a range of KPI's, statutory indicators and self-imposed KPI's. The range and depth of analysis is sufficient and collected and monitored within the Performance Improvement management software.
	The Council's collection of figures has been tested during audit fieldwork by tracing to supporting documentation held by SROs. How the Council uses those figures to track performance and report to members has been reviewed. The Council publish the data for the public to have access to it in its self-assessment report and G&A committee meetings quarterly reports accessible through the Council's website.
	The Council has used previous data collected for trend analysis of both self-imposed and statutory indicators. These trends are presented in both tabular and bar chart format within its self-assessment report. In addition, the Council has included in the report a comparison of its performance in its statutory indicators and a number of self-imposed indicators alongside the performance of the other ten NI Councils.
	During the year an Internal Audit review of the 'Go Succeed' programme was carried out by Belfast City Council (BCC). BCC is responsible for collating the economic development figures for all Councils across NI. The figures are then used as the basis for the Department for the Economy's statutory indicator figures for Economic Development. The Internal Audit review identified that the figures relating to 189 business plan approvals (approximately 7.5 per cent of the total approvals for the year) are not reliable. All Councils were notified of this issue prior to the publication of their Self-Assessment Report, and Lisburn & Castlereagh City Council's report included a comment that the economic development statistics were not reliable and adjusted its report to reflect the results of the Internal Audit review. BCC is undertaking further work on these figures to assess whether some or all of the information can be included in the statistics for economic development.

Thematic area	Observations
Demonstrating a track record of improvement	The Council has reported on the achievement of outcomes in the Self-Assessment Report which was approved by the Governance & Audit Committee on 11 September 2025 and ratified by full Council on Tuesday 23 September. It was published on 25 September 2025.
	Outcomes (Performance Improvement Plan 2024-25) The Council continued with the same two objectives that it had for the past four years and this helped to connect them to the ten year Community Plan which assisted in demonstrating a track record of improvement.
	Objective 1: We will continue to improve our citizen engagement methods and ensure accessible processes for contacting the council To ensure the success of the first objective there were four supporting projects. Three of the projects were fully completed. The other project (planning service improvement plan) was partially completed and carried forward as it is a two-year plan.
	 Objective 2: We will continue to deliver council led activities, that seek to maintain and improve physical and mental wellbeing of our citizens The second objective had four supporting projects, two of which were fully completed and two were carried forward into 2025/26, details as follows: the project to enable citizens to influence decision making through community conversations was not completed in 2024/25 due to a vacant post and is therefore carried forward into 2025/26. Recruitment has completed, and a Community Planning Manager is now in post to deliver this project; and the project to continue to deliver a range of employability programmes was carried forward into 2025/26 because the council wishes to build upon its success. The council advised they are expanding this project to provide support to people with a disability to also achieve relevant qualifications that will enable them to gain employment.

Thematic area	Observations
	 Indicators (Statutory) The council achieved three of the seven statutory indicators in the prior year and the journey continues for the other four to continue to improve. Results for 2024-25 were: Three targets achieved (ED1, W1 & W2; and Four targets not met (P1, P2, P3 & W3)
	Further details regarding he KPI's are published by the council at: https://www.lisburncastlereagh.gov.uk/w/performance-improvement-report-2024-25-summary#statutory-indicators-self-assessment-
	 Results in the council's statutory indicators for 2024-25 compared to 2023-24 are summarised as follows: ED1 – Target met. The actual number of jobs of 119 (estimated) was in excess of the target of 116 and an improvement on 2023-24. 2024-25 figures are estimated and subject to confirmation by Belfast City Council (the lead council in the programme) later in 2025. P1 - Target not met. Actual processing time for 2024-25 was 59.2 weeks which exceeds 30-week target. This is an increase on the 56.4 weeks in 2023-24, but improvement on the 87.2 weeks in 2022-23. A Protocol is implemented and is now realising improvement in the processing of legal agreements which should see an overall reduction in the processing times of major applications next year. P2 – Target not met. Actual processing time for 2024-25 was 38.8 weeks which exceeds 15-week target but is an improvement on the 42.4 weeks for 2023-24. The backlog in applications is reducing so processing times are expected to improve further next year. P3 – target not met. Slight shortfall of 0.4% against the target of 70% due to personnel changes in team. Target was met in 2023-24. Plan in place to improve again next year.

Thematic area	Observations
	 W1 – target met. Figures are draft and subject to confirmation later in 2025. W2– target met - slight decrease in waste tonnage compared to 23/24. Figures are draft and subject to confirmation later in 2025. Expectation is that the level of waste should remain withing the final year allowance. W3 – Target not met. slight increase in waste tonnage compared to 23/24. Figures are draft and subject to confirmation later in 2025.
	Overall, we are content that the Council has demonstrated a track record of improvement.

Audit and assessment of Lisburn and Castlereagh City Council's performance improvement arrangements

Certificate of Compliance

I certify that I have audited Lisburn and Castlereagh City Council's (the Council) assessment of its performance for 2024-25 and its improvement plan for 2025-26 in accordance with section 93 of the Local Government Act (Northern Ireland) 2014 (the Act) and the Code of Audit Practice for local government bodies.

I also certify that I have performed an improvement assessment for 2025-26 at the Council in accordance with Section 94 of the Act and the Code of Audit Practice.

This is a report to comply with the requirement of section 95(2) of the Act.

Respective responsibilities of the Council and the Local Government Auditor

Under the Act, the Council has a general duty to make arrangements to secure continuous improvement in the exercise of its functions and to set improvement objectives for each financial year. The Council is required to gather information to assess improvements in its services and to issue a report annually on its performance against indicators and standards which it has set itself or which have been set for it by Government departments.

The Act requires the Council to publish a self-assessment before 30 September in the financial year following that to which the information relates, or by any other such date as the Department for Communities (the Department) may specify by order. The Act also requires that the Council has regard to any guidance issued by the Department in publishing its assessment.

As the Council's auditor, I am required by the Act to determine and report each year on whether:

- The Council has discharged its duties in relation to improvement planning, published the required improvement information and the extent to which the Council has acted in accordance with the Department's guidance in relation to those duties; and
- The Council is likely to comply with the requirements of Part 12 of the Act.

Scope of the audit and assessment

For the audit I am not required to form a view on the completeness or accuracy of information or whether the improvement plan published by the Council can be achieved. My audits of the Council's improvement plan and assessment of performance, therefore, comprised a review of the Council's publications to ascertain whether they included elements prescribed in legislation. I also assessed whether the arrangements for publishing the documents complied with the requirements of the legislation, and that the Council had regard to statutory guidance in preparing and publishing them.

For the improvement assessment I am required to form a view on whether the Council is likely to comply with the requirements of Part 12 of the Act, informed by:

- a forward looking assessment of the Council's likelihood to comply with its duty to make arrangements to secure continuous improvement; and
- a retrospective assessment of whether the Council has achieved its planned improvements to inform a view as to its track record of improvement.

My assessment of the Council's improvement responsibilities and arrangements, therefore, comprised a review of certain improvement arrangements within the Council, along with information gathered from my improvement audit.

The work I have carried out in order to report and make recommendations in accordance with sections 93 to 95 of the Act cannot solely be relied upon to identify all weaknesses or opportunities for improvement.

Audit opinion

Improvement planning and publication of improvement information

As a result of my audit, I believe the Council has discharged its duties in connection with (1) improvement planning and (2) publication of improvement information in accordance with section 92 of the Act and has acted in accordance with the Department for Communities' guidance sufficiently.

Improvement assessment

As a result of my assessment, I believe the Council has discharged its duties under Part 12 of the Act and has acted in accordance with the Department for Communities' guidance sufficiently.

In my opinion, the Council has demonstrated a track record of ongoing improvement and I believe that the Council is likely to comply with Part 12 of the Act during 2025-26.

I have not conducted an assessment to determine whether the Council is likely to comply with the requirements of Part 12 of the Act in subsequent years. I will keep the need for this under review.

Other matters

I have no recommendations to make under section 95(2) of the Local Government (Northern Ireland) Act 2014.

I am not minded to carry out a special inspection under section 95(2) of the Act.

Colette Kan

Colette Kane
Local Government Auditor
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU
26th November 2025



Committee:	Governance & Audit
Date:	11 December 2025
Report from:	Richard Harvey, Head of Environmental Health, Risk and Emergency Planning

 Item for:
 Noting

 Subject:
 Corporate Risk Register

1.0	Background and Key Issues						
1.1	The Council's risks continue to be monitored and managed (Appendix I).						
1.2	One high risk remains on the Council's Corporate Risk Register, CRR 6 Cyber Security due to the ever-present and developing risks associated with cybercrime.						
1.3	There have been no fluctuations within the Corporate Risk Register since last q	uarter.					
1.4	In accordance with the Council's Risk Management Strategy bi-annual reporting Directorate Risk Registers (Appendix II to VI) are presented for Members noting						
2.0	Recommendation						
	It is recommended that Members:						
	 Note the Corporate Risk Register (Appendix I). Note the Directorate Risk Registers (Appendix II to VI). 						
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 <u>or</u> 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 <u>or</u> rationale why the screening was not carried out.						
	Not required – Internal documentation for Noting only.						

Appendices:	Appendix I	-	Corporate Risk Register Dashboard		
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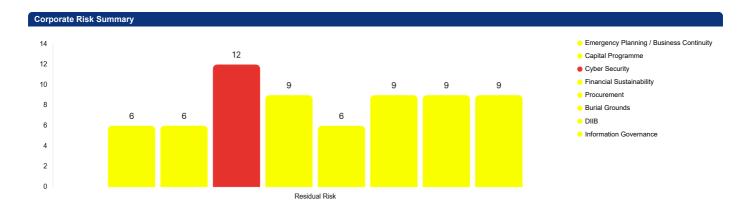
Appendix II - Environmental Services Risk Register
Appendix IV - Communities & Wellbeing Risk Register
Appendix V - Finance & Corporate Services Risk Register
Appendix V - Organisation Development & Innovation Risk Register
Appendix VI - Regeneration & Growth Risk Register



LCCC CORPORATE RISK LIVE DASHBOARD

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 REGISTER

Corpora	te Risks								
High Risk	Ref.	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	Fluctuation since last review	Rationale
P	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	\leftrightarrow	
	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	\leftrightarrow	
•	CRR 006	Cyber Security	Cyber attack resulting in significant outage or data loss.	Director Organisation Development & Innovation	16	CRR 6 Cyber Security	12	\leftrightarrow	
	CRR 007	Financial Sustainability	Failure to deliver balanced budget and longer term financial resilience and sustainability.	HOS Finance	16	CRR 7 Financial Sustainability	9	\leftrightarrow	
□	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	\leftrightarrow	
P	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	\leftrightarrow	Remain medium residual risk as agreed by Cemetery Project/Programme Board on basis of budget / programme, garden of remembrance and EOI going out.
	CRR 012	DIIB	Risk of not delivering the DIIB project in line with agreed business case due to the significant Capital Investment representation on LCCS Capital Programme and significant transformational project to modernise the facility.	Director of Leisure & Comm Wellbeiing	12	CRR 012 DIIB	9	\leftrightarrow	
	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	\leftrightarrow	

Back to Agenda

ENVIRONMENTAL SERVICES DEPARTMENTAL

RISK LIVE

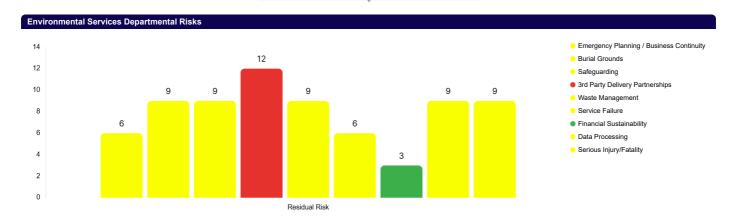
DASHBOARD

Useful Links

- □ Environmental Services Risk Register
- Building Control Risk Dashboard
- (§ Environmental Health Risk Dashboard
- (§ Waste & Op Services Risk Dashboard

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

ENVIRONMENTAL SERVICES RISK SUMMARY



ENVIRONMENTAL SERVICES DEPARTMENTAL RISK REGISTER

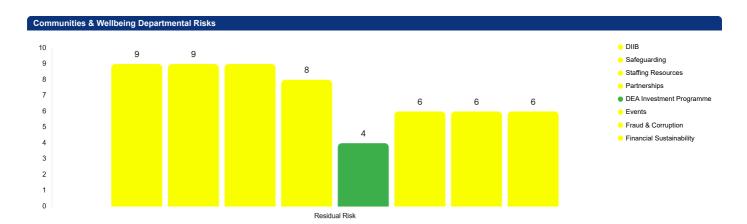
								Fluctuation	
ef.	High Risk	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	since last review	Rationale
CRR 002	P	Emergency Planning / Business Continuity	Inability to respond to Command, Control & Coordination arrangements or concurrent emergencies resulting in impact on resilience.	HOS Environmental Health, Risk & Emergency Planning	12	CRR 2 Emergency Planning / Business Continuity	6	\leftrightarrow	
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	\leftrightarrow	Remain medium residual risk as agreed b Cemetery Project/Programme Board on basis of budget / programme, garden of remembrance and EOI going out.
ES 1	P	Safeguarding	Failure to adequately safeguard vulnerable groups due to insufficient controls in place resulting in harm to vulnerable person (s).	HOS Environmental Health, Risk & Emergency Planning	16	ES 1 Safeguarding	9	\leftrightarrow	
ES 2	日	3rd Party Delivery Partnerships	Failure of key partnerships due to under resource/financial support resulting in failure to deliver expected benefits, service improvements and targets (Contractors, delivery partners - ARC21 and Funders)	Director Environmental Services	12	ES 2 3rd Party Delivery Partnerships	12	1	Increased from medium to high risk due to securing wood contractor and staffing issucurrently being experienced by Bryson.
ES 3	IZ	Waste Management	LCCC provides waste collection & disposal services within a legislative context. Failure to deliver these services in part or in full, or failure to meet targets set out in legislation would place the Council in a default position regarding statutory obligations, which brings a legal, financial and reputational risk.	HOS Operations	9	ES 3 Waste Management	9	\leftrightarrow	Remain medium risk. Currently awaiting fleet order.
ES 4	B	Service Failure	Risk of service failure due to insufficient staffing resources due to competing priorities.	Director Environmental Services	16	ES 4 Service Failure	6	\leftrightarrow	
ES 5	B	Financial Sustainability	Failure to deliver balanced budget and longer term financial resilience and sustainability.	Director Environmental Services	16	ES 5 Financial Sustainability	3	\	Reduce from medium to low residual risk due to current underspend.
ES 8	P	Data Processing	Poor or inadequate data processing agreements resulting in unintended data breach	Director Environmental Services	16	ES 8 Data Processing	9	\leftrightarrow	
ES 9	P	Serious Injury/Fatality	Breach in internal H&S arrangements resulting in injuries / loss of life / illness.	HOS Environmental Health, Risk & Emergency Planning	12	ES 9 Serious Injury / Fatality	9	\leftrightarrow	Removed from Corporate Risk Register to be managed at Departmental level by Environmental Services due to continued mitigation measures in place and limited actions to progress.



COMMUNITIES & WELLBEING DEPARTMENTAL RISK LIVE DASHBOARD

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

COMMUNITIES & WELLBEING RISK SUMMARY



COMMUNITIES & WELLBEING DEPART RISK REGISTER

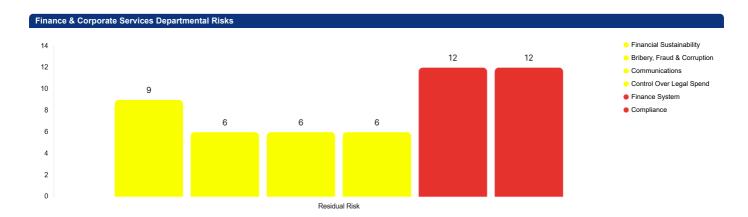
ef.	High Risk	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	Fluctuation since last review	Rationale
CRR 012		DIIB	Risk of not delivering the DIIB project in line with agreed business case due to the significant Capital Investment representation on LCCCs Capital Programme and significant transformational project to modernise the facility.	Director of Leisure & Comm Wellbeiing	12	CRR 012 DIIB	9	\leftrightarrow	
ES 1		Safeguarding	Failure to adequately safeguard vulnerable groups in regional facilities due to insufficient controls in place resulting in harm to vulnerable person (s).	HOS Environmental Health, Risk & Emergency Planning	16	ES 1 Safeguarding	9	\leftrightarrow	
LCW 1		Staffing Resources	Insufficient permanent staffing resources due to volume of turnover, absence and reliance on 3rd party resource suppliers.	Director of Leisure & Comm Wellbeiing	16	LCW 1 Staffing	9	\leftrightarrow	
LCW 2	B	Partnerships	Risk of failure of key partnerships to deliver expected benefits, service improvements and targets.	Director of Leisure & Comm Wellbeiing	12	LCW 2 Partnerships	8	\leftrightarrow	
LCW 4	P	DEA Investment Programme	Failure to deliver the DEA Investment Programme in time and within budget due to resourcing/governance arrangements.	Director of Leisure & Comm Wellbeiing	12	LCW 4 DEA Investment Programme	4	\leftrightarrow	
LCW 5	P	Events	Staging, facilitating or cancellation of large scale events.	Director of Leisure & Comm Wellbeiing	9	LCW 5 Events	6	\leftrightarrow	
LCW 6		Fraud & Corruption	Risk of fraud and bribery due to staff vulnerability in relation to procurement, invoicing, cash handling, bookings and fees etc. resulting in potential litigation.	Director of Leisure & Comm Wellbeiing	9	LCW 6 Fraud & Corruption	6	\leftrightarrow	
LCW 7	F	Financial Sustainability	Failure to deliver balanced budget and longer term financial resilience and sustainability.	Director of Leisure & Comm Wellbeiing	12	LCW 7 Financial Sustainability	6	\leftrightarrow	



FINANCE & CORPORATE SERVICES DEPARTMENTAL RISK LIVE DASHBOARD

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	Catastrophi

FINANCE & CORPORATE SERVICES RISK SUMMARY



FINANCE & CORPORATE SERVICES RISK REGISTER

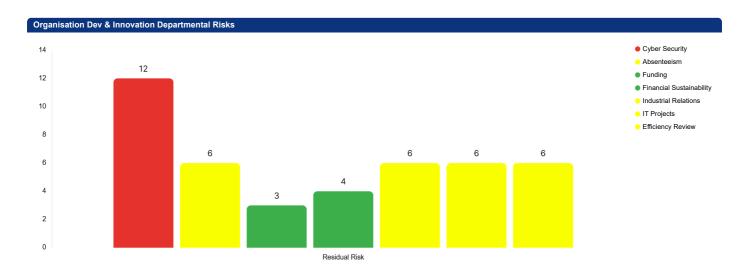
Finance &	Corporate	Services Risk Reg	gister						
Ref.	High Risk	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	Fluctuation since last review	Rationale
CRR 007	P	Financial Sustainability	Failure to deliver balanced budget and longer term financial resilience and sustainability.	HOS Finance	16	CRR 7 Financial Sustainability	9	\leftrightarrow	
FCS 1		Bribery, Fraud & Corruption	Lack of effective internal control and governance framework, resulting in internal control failure, increased risk of bribery, fraud and/or corruption.	Director of Finance & Corporate Services	9	FCS 1 Bribery Fraud Corruption	6	\leftrightarrow	
FCS 2	H	Communications	The risk of inadequate, delayed or inaccurate information and/or communications resulting in operational delays or reputational damage as a result of under resource and/or lack of coordination.	Director of Finance & Corporate Services	9	FCS 2 Communications	6	\leftrightarrow	
FCS 4	P	Control Over Legal Spend	Overspend on Legal Costs	Director of Finance & Corporate Services	8	FCS 4 Legal Spend	6	\leftrightarrow	
FCS 6	P	Finance System	Technical issues associated with implementation of new Finance System.	Director of Finance & Corporate Services	12	FCS 6 Finance System	12	1	Increased from residual medium high risk due to potential financia implications.
FCS 7	P	Compliance	Potential risk of financial penalties through late or incorrect returns to government agencies e.g. HMRC.	Director of Finance & Corporate Services	12	FCS 7 Compliance	12	*	



ORGANISATION DEVELOPMENT & INNOVATION DEPARTMENTAL RISK

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	Catastroph			

ORGANISATION DEV & INNOVATION RISK SUMMARY



ORGANISATION DEV & INNOVATION RISK REGISTER

Organisati	ion Dev & Ir	novation Risk Re	egister						
Ref.	High Risk	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	Fluctuation since last review	Rationale
CRR 006	F	Cyber Security	Cyber attack resulting in significant outage or data loss.	Director Organisation Development & Innovation	16	CRR 6 Cyber Security	12	\leftrightarrow	
ODI 001		Absenteeism	Risk of insufficient staffing resources due to high levels of absenteeism within the Council impacting on service delivery and over-reliance on agency staff resulting in increased financial costs.	Director Organisation Development & Innovation	9	ODI 001 Absenteeism	6	\leftrightarrow	
ODI 003		Funding	Funding Streams availability and implications for delivery of the Plan (eg 10 Yr Investment Plan, BRCD, European Funding etc)	Director Organisation Development & Innovation	8	ODI 003 Funding	3	\leftrightarrow	
ODI 004		Financial Sustainability	Failure to deliver balanced budget and longer term financial resilience and sustainability.	Director Organisation Development & Innovation	16	ODI 004 Financial Sustainability	4	\	Reduced from medium to low residual risk due to current underspend.
ODI 005	B	Industrial Relations	Risk of industrial action resulting in potential disruption to service delivery due to staff shortage.	Director Organisation Development & Innovation	6	ODI 005 Industrial Relations	6	\leftrightarrow	
ODI 007	B	IT Projects	Failure to deliver IT projects on time and within budget resulting in service delivery impact and costs.	Director Organisation Development & Innovation	9	ODI 007 IT Projects	6	1	Residual Risk increased from low to medium due to extended timeframes for implementation.
HR 5		Efficiency Review	Failure to provide effective HR & OD Service in the following areas: Support for Efficiency Review Development of Elected Members Health & Wellbeing Recruitment of staff	HOS HR&OD	6	HR 5 Efficiency Review	6	\leftrightarrow	



REGENERATION & GROWTH DEPARTMENTAL RISK REGISTER LIVE DASHBOARD

 Risk Matrix

 Likelihood
 Minor
 Moderate
 Major
 Catastrophic

 Very Likely
 4
 8
 12
 16

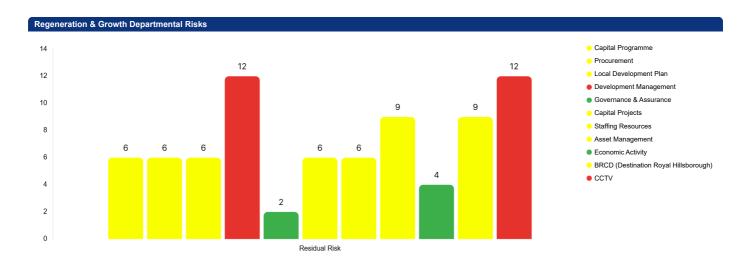
 Likely
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 6
 9
 12

 Unlikely
 2
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 6
 8

 Very Unlikely
 1
 2
 3
 4

 Minor
 Moderate
 Major
 Catastrophic

REGENERATION & GROWTH RISK SUMMARY



REGENERATION & GROWTH DEPARTMENTAL RISK REGISTER

tef.	Risk	Risk Description	Risk Owner	Inherent Risk	Current Controls / Additional Actions	Residual Risk	Fluctuation since last review	Rationale
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	\leftrightarrow	
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	\leftrightarrow	
RG 001	Local Development Plan	Challenges to the Local Development Plan.	HOS Planning	9	RG 001 Local Development Plan	6	\leftrightarrow	
RG 002	Development Management	Legal challenge to planning decisions.	HOS Planning	12	RG 002 Development Management	12	\leftrightarrow	Remain residually high due to continued legal challenge.
RG 003	Governance & Assurance	Failure to implement appropriate governance and assurance frameworks.	Director of Regeneral	6	RG 003 Governance & Assurance	2	\leftrightarrow	
RG 004	Capital Projects	Risk to delivery of large Council projects as a result of judicial review proceedings and/or inadequate resources resulting in failure to deliver the ambitions of LCCC for our citizens.	Director of Regeneral	12	RG 004 Projects	6	Х	Risk removed - at conclusion.
RG 005	Staffing Resources	Insufficient staffing resources due to competing priorities: Absenteeism, concurrent emergencies, vacant posts/skills shortages.	Director of Regeneral	16	RG 005 Staffing	6	\leftrightarrow	
RG 006	Asset Management	Failure to ensure that the Council's property assets are managed and controlled to meet the council's strategic aims, ensure service delivery and value for money.	HOS Assets	12	RG 006 Asset Management	9	1	Residual risk increased from medium 6 to medium 9 due to numerous pieces of work regarding surveys ongoing. Bringing these pieces up to date in line with previous surveys and other associated work will take some time. Whilst this is ongoing there are a number ounknowns which will coincide with construction estimates requiring an update.
RG 007	Economic Activity	Failure to identify, maximise and deliver an economic development programme that aligns with our stakeholder needs and the needs of the local economy in the context of the national and regional economic position.	HOS Economic Development	6	RG 007 Economic Activity	4	\leftrightarrow	
RG 010	BRCD (Destination Royal Hillsborough)	Delivery of project within budget given the interdependices with Dfl our delivery partners with HRP and land assembly inertia.	Director of Regeneration & Growth	12	RG 010 BRCD	9	\leftrightarrow	
AS 12	ссти	Risk of non-compliance / data breach / community safety in absence of policy and governance arrangements.	HOS Assets	12	AS 12 CCTV	12	*	Remain high until Policy developed and embedded.