

Report of the Performance and Compliance Officer

Subject: Assurance Monitoring Report – Compliance, Public and Statutory Duties and Corporate Improvement

Introduction

The aim of this report is for it to act as one element of our risk management approach and support officers and Members in monitoring, assessing and responding to compliance and corporate improvement areas of work. This should help strengthen and in the future feed into Second Line Internal Assurance within the risk register.

This report is still in its development phase, with further work needed on developing and reviewing triggers, putting in additional monitoring for some areas and looking at how it can support and feed into Second Line Internal Assurance within the risk register. We will look to engage with our internal auditors to identify how we can improve and further develop this report, our assurance monitoring and triggers. Further engagement work will also be carried out with compliance leads for different areas.

The aim of the report is to review our current performance across the following compliance, public and statutory duties and corporate improvement areas:

- Governance
- Finance (Please note: Further information on finance performance is provided through budget reports and finance related audit.)
- Sustainability, Section 6 Biodiversity Duty, Net Zero, Socially Responsible Procurement Duty
- Welsh Language
- Public Sector Equality and Socio Economic Duties, Child Poverty
- Safeguarding
- Information Governance, Data Protection and Cyber Security
- Workforce, Health and Safety, Social Partnership Duty (Please note: Currently a separate report is provided on Health and Safety.)
- Planning

It provides resilience scores on:

- Accountability Documentation
- Incidents, engagement with regulators, complaints, monitoring
- Culture and Implementation

Resilience Score		
Vulnerable	Of concern	Resilient

A range of additional information is recorded on the Authority's performance reporting system. Where tolerance levels or triggers have been reached resulting in Vulnerable or Of concern resilience score additional information has been included in relevant section of the report and management response provided.

This report also outlines progress against corporate improvement areas identified within Annual Governance Statement and Authority's Delivery Plans.

This report is supplemented by internal audit activities with agreed actions from audits monitored via the Audit Action Log.

The reporting period is for the end of quarter 4 2023/24 (March 31)

Activities to improve resilience scores

Officers recognise that many of our policies are out of date/ or in some cases do not have approval dates on them and there have been issues with document/ version control for policies. In response a Corporate Policy Management and Communication improvement project has been put in place. This work is still in progress. An additional report has been provided to this Committee on this work following request from Members.

1 complaint to Ombudsman was upheld in Q4, related to failure to respond to a complaint in a timely manner and provide updates to a complainant. Authority acknowledges that more regular updates need to be provided to complainants in future. Changes made to the Authority's complaints procedure in September 2023 should help improve processes and management of communications with complainants going forwards.

Work has commenced on drafting a Socially Responsible Procurement Strategy and this work is being carried out alongside reviewing Authority's Sustainable Procurement Policy and Standing Orders relating to Contracting Procedures. This work is being done collaboratively between Head of Finance and Fundraising and Head of Decarbonisation.

A Record Management Group has been set up and this group is monitoring a range of record management activities linked to accountability documentation, movement of files to new organisation structure on the F/Drive and record management considerations linked to Teams/ Sharepoint. One aspect of the role of this group is to provide space to problem solve potential issues as they arise. The Authority's Data Protection Officer sits on this group. Some activities under this groups remit have been impacted by staff capacity and competing priorities.

RECOMMENDATION:

Members are requested to RECEIVE and COMMENT on the Assurance Monitoring Report.

Assurance Monitoring - Compliance, Public and Statutory Duties and Corporate Improvement

This is supplemented by internal audit activities with agreed actions from audits monitored via the Audit Action Log.

Reporting Period: End of Quarter 4 (March 31st)

Resilience Score		
Vulnerable	Of Concern	Resilient

A range of additional information is recorded on the Authority's performance reporting system. Where tolerance levels or triggers have been reached resulting in Vulnerable or Of Concern resilience score additional information has been included in relevant section and management response provided.

This report also outlines progress against corporate improvement areas identified within Annual Governance Statement and Authority's Delivery Plans.

1. Governance

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
AD	Accountability Documentation	Of Concern [3 Triggers]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Triggers]	Vulnerable [1 Trigger]
			Of Concern [1 Trigger]
CI	Culture/ Implementation	Of Concern [1 Trigger]	Of Concern [1 Trigger]
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Not all current policies available to staff on staff intranet. [1 Trigger]	Currently transitioning from old parcnct to new Sharepoint intranet site. All policies etc. being subject to light touch review/ or more in depth review as part of this process and moved into new template with improved date/version control. Once this work has completed all current policies will be available to staff in Corporate Policy section of the new intranet site.	
IRCM	1 complaint referred to Ombudsman and upheld by Ombudsman. Failure to respond to a complaint in timely manner and to provide updates to the complainant. [1 Trigger Of Concern/ 1 Trigger Vulnerable]	Acknowledgement that more regular updates needed to be provided to complainants in future. Changes made to the Authority's complaints procedure in September 2023 should help improve processes and management of communications with complainants going forwards.	
CI	% Member attendance at training ytd below 65% target at 56.25% at end of Q4 and within Of concern threshold.	Figures impacted by lower attendance at site-based sessions also by the poor timing of some externally arranged sessions. Face to face/virtual sessions have generally been well	

	This is below 72.92% attendance last year. [1 Trigger]		attended. Matter discussed at Member Support and Development Committee in April from which it was concluded that clearer outcomes for individual training sessions needed to be provided.
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
G20	Finalise set of revised values for the Authority. Carry out range of activities to embed Authority's new values.	Amber	Progress Status: In Progress/ Behind Work to be completed during next year
G20	Review of integrated assessments template, information provided to Members and development of project checklist or other tools to reflect new priorities and to maintain compliance with relevant statutory duties.	Amber	Progress Status: In Progress/ On Track Review of Trigger, Guidance and Template to be undertaken. Work ongoing looking at project checklist, session held in January with officers to discuss how this interrelates to current flowcharts etc. Meeting held in February with Director of Nature and Tourism to look at relationship to current project inception process. Work to be progressed during next year.
G20/ AGS	Corporate Improvement Project on Management and Communication of Corporate Policies, Procedures and Templates	Green	Progress Status: In Progress / On Track Existing policies have all been moved to central location in terms of Corporate Policy Review Team to help address document control and management issues (however there does remain some outstanding queries). Work ongoing in terms of updating policies into new templates. Work on previous Assurance report for A & C committee revealed a number of policies have not been reviewed for a number of years or don't have dates on them. Improved version control sheets for policies as they are moved into new template should help address this. All policies are being subject to review as they are moved into new template with more substantive reviews for some areas. This is a big piece of work, particularly in terms of HR policies so expectations in terms of timescales do need to be managed due to competing priorities. A Corporate Policy Development and Approval Policy has been drafted to help manage future processes in terms of Corporate Policy development, review and approval.

AGS	Implement agreed recommendations from Audit Wales review of Governance	Amber	Progress Status: Not Started / Behind Final report not expected until 20 April 2024
SD21	PDP for Members capture any skills gaps/ development opportunities linked to new priorities	Green	Progress Status: Complete/ On Track 8 PDPs received from Members. Training Plan drafted and to be presented to the Member Support and Development Committee on 17/4/24.

2. Finance

Further information and assurance on finance performance is provided through budget reports and finance related audit.

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
AD	Accountability Documentation	Of Concern [2 Triggers]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Triggers to be developed and agreed.	Triggers to be developed and agreed.
CI	Culture/ Implementation		
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Delay in signing off draft statement of accounts, did not meet regulation requirement for this to be completed by 31 May 2023. [1 Trigger]	Required statement made by Responsible Finance Officer and placed on Authority website. Statement noted that delay was due to “a loss of key staff and corporate knowledge, which we have put interim arrangements and personnel in place, alongside a later audit timetable by Audit Wales for this year.” Notice of Certification of Completion of the Audit issued 20 November 2023.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
RBF22/ AGS	Continue to work with Members and Welsh Government to manage mid term financial challenges and pressures.	Green	Progress Status: In Progress / On Track Income Diversification groups set up and Workshops with Members to be set up during the year
RBF22	Undertake a Zero Based Funding exercise to reallocate funding to key priorities and also identify funding gaps.	Red	Progress Status: Not Started/ On Hold Zero based exercise undertaken in 2023 but not reflected in 24-25 budget due to changes in finance team. New process to commence in Autumn 2024. Members of the Management Team have been developing options for dealing with 25% less money over the next two years. This includes income generating and cost cutting options. This information will feed into budget setting scenarios over the next two years
RBF22	Review project identification/ prioritisation process for	Green	Progress Status: In Progress/ On Track

	funding to align to new priorities and delivery plan funding gaps. Identify flagship/ landscape scale projects linked to actions within Delivery Plans.		Working with departments to identify funding and using the review of delivery plan received from Performance and Compliance Officer to help inform decision. Currently waiting on breakdown of funding from Head of Finance and Fundraising to determine largest areas of need and working towards funding for 25/26.
RBF22	Review and identify commercial opportunities across all Authority activities and assets and develop a commercial opportunity strategy with SMART set of measures.	Amber	Progress Status: In Progress/ Behind Utilising funding from Welsh Government the Authority has engaged a consultant to contribute to the generation of ideas and options to generate additional income. The consultant will engage with individuals across the Authority and will report during the year. Members of the Management Team have been developing options for dealing with 25% less money over the next two years. This includes income generating and cost cutting options. This information will feed into budget setting scenarios over the next two years
RBF23	Development and delivery of Marketing and Communications Plan for the Centres and Regenerative Tourism activities	Green	Progress Status: Closed/ On Track Funding has been secured for additional marketing support for Centres for 2024/25. A contract will be issued for specialist marketing support. As a result, deliverable will be changed for 2024/25 from creation of plan to be action orientated due to securing this funding and focused on issuing/ managing contract for additional marketing support for Centres for 2024/25.
RBF23	Development and delivery of Marketing and Communications Plan for fundraising activities.	Green	Progress Status: In Progress/ On Track Fundraising strategy/plan in draft to be implement for 24/25. Looking at core activities which include: public donations, sponsorship and partnerships for this financial year. Utilising the Trust to help deliver these objectives.

3. Sustainability / Section 6 Biodiversity Duty / Net Zero / Socially Responsible Procurement

Resilience Area	Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
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AD	Accountability Documentation	Vulnerable [2 Trigger]	Vulnerable [2 Trigger]
		Of Concern [4 Triggers]	Of Concern [4 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [1 Trigger]	Vulnerable [1 Trigger]
			Of Concern [1 Trigger]
CI	Culture/ Implementation	N/A	Triggers to be developed and agreed.
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	No Estates/ Asset Management Strategy in Place. Identified by Internal Audit. [1 Trigger]	Agreed action monitored via internal audit action log and also action within Delivery Plan. Asset Management policy in place although not reviewed for 4 years. Expected to be progressed in 2024. Internal Audit are currently carrying out review of Estates and recommendations from this will feed into the strategy.	
AD	Authority needs to identify set of objectives and develop procurement strategy in relation to Socially Responsible Procurement Duty a requirement under Social Partnership and Public Procurement (Wales) Act 2023. [1 Trigger]	First draft of strategy and action plan with reporting template created. Buildings Manager and Decarbonisation Officer have provided comment on initial draft. Being progressed alongside review of sustainable procurement policy and review of contracting standing orders. Opportunity to take on board findings from internal audit work on value for money.	
AD	Asset Management Policy and Environmental Policy have not been reviewed within four years. No approval date on Sustainable Procurement Policy. [3 Triggers]	All policies to be moved into new template and are being reviewed as part of this process with improved version control. Work on these policy areas being led by Head of Decarbonisation. Review of sustainable procurement policy is being done alongside review of contracting standing orders and development of socially responsible procurement strategy.	
IRCM	Invoices paid on time (SRPD – Making payments promptly): Within of concern threshold at 92.12% ytd. With significant fall for monthly performance in November at 79.50%. Improvement seen for March monthly figure rising to 96.83% [1 Trigger]	Authority was going through period of personnel changes at end of November/ December in terms of finance team which is likely to have had an impact.	
AD/ IRCM	Direction of Travel: % Fleet low emission vehicles: Have seen decrease from 42% in 2022/23 to 35.9% 2023/24 – however change reflects improved record	Changes in figure reflects review by new decarbonisation officer of overall fleet data used in calculation with improved record keeping and understanding in terms of overall fleet.	

	keeping and understanding of number for overall fleet. Fleet decarbonisation plan not in place. [2 Triggers]	Creation of fleet decarbonisation plan included in decarbonisation delivery plan. Decarbonisation team were working on the assumption that the Welsh Government Energy Service would conduct a fleet review and develop a strategy on our behalf. We supplied them with the comprehensive dataset that they requested. They were to confirm their availability to resource this work early in FY2024/25. We are also now beginning to look at alternatives in case they are unable to help. Authority is in the process of purchasing a new EV mini bus.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
D5	Net Zero Welsh Government Reporting – Recording, analysis, submission and improvements in data collection/ recording.	Green	Progress Status: In Progress/ On Track Primary, high quality data is now available for Fleet Fuelling; EV Charging; Facilities Energy Consumption (sites with smart meters only); Building Occupancy. This increased quality of data will be used for this years reporting.
G20	Updating of Section 6 Biodiversity Signposting document and raising awareness and understanding of duty as part of this process.	Green	Progress Status: In Progress/ On Track The signposting document has been updated but needs further review against delivery plans/ new performance framework and will then be circulated to key staff, including new management team, for awareness and comment. Further review to be progressed during next financial year.
G20	Review of Authority's Asset Management/ Estates Strategy – to align it with our new objectives/ priorities. Including considerations around acquisitions for carbon sequestration.	Amber	Progress Status: Not Started/ Behind Not started yet.
SD21	Training/ workshop sessions for Members on LDP2 Policies 34, 35, 36, 37 (CM1) and updated WG Technical Advice Note 15. [Climate Adaptation]	Green	Progress Status: Complete/ On Track Training took place on 18th October 2023 for Members in a workshop which addressed One Planet Development and Flood Risk and Coastal Change. Members received a presentation regarding the flood and coastal change policies in the LDP. Members workshop by Pembrokeshire County Council officers held in March providing an update on the progress with the Coastal Adaptation Scheme at Newgale. Although action completed

			this year the action will be carried forward as annual action, as further engagement with Members is likely to be needed on this issue, especially terms of developments linked to Newgale.
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4. Welsh Language

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	Of Concern [1 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Vulnerable [1 Trigger]	Vulnerable [1 Trigger]
CI	Culture/ Implementation	Triggers to be developed and agreed.	Triggers to be developed and agreed.
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	No Date on Welsh Language Policy - not clear when last reviewed. [1 Trigger]	Will be moved into new template with improved version control. Democratic Services Manager will be asked to review it as part of this process.	
IRCM	Welsh Language Commissioner upheld complaint in Q1 made to them that Coast to Coast is not a bilingual publication Related to print version of publication. [1 Trigger]	Coast to Coast 2024 print version produced as a bilingual publication in compliance with Welsh Language Standards requirements. All future Coast to Coast print versions will be bilingual.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
AGS	Completion and publication of revised Welsh Language Strategy.	Green	Progress Status: Complete/ On Track. Welsh Language Strategy agreed and published on website.

5. Public Sector Equality and Socio-Economic Duties/ Child Poverty

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
AD	Accountability Documentation	Of Concern [1 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [1 Trigger]	Of Concern [1 Trigger]
CI	Culture/ Implementation	Triggers to be developed and agreed	Triggers to be developed and agreed
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Annual Equality Report 2022/23 incorporated into the draft Annual Report on Well-being Objectives, which was	Officer taking on board suggestions to inform future approach with separate report planned for reporting for 2023/24.	

	approved at the September NPA. However, engagement with EHRC suggests that we need in future to have separate report with more explicit links to our equality objectives. [1 Trigger]	
IRCM	Equality monitoring data for staff held on HR system: Within of concern threshold at 70.31%. However, we have seen gradual improvement across the year in level of data held which was at 61.55% in Q1. [1 Trigger]	Authority is seeing gradual improvement each quarter in terms of equality monitoring data provided. Updates to HR system for equality monitoring section planned and further communication will be sent out to staff following changes to encourage them to update their information.
Ref	AGS and Delivery Plan Actions	RAG Status Progress Commentary
G20	Review of Equality Plan and Objectives	Green Progress Status: In Progress/ On Track. Workshop held in February with relevant Officer to look at current Objectives and actions under them and assess progress to inform review of equality plan.

6. Safeguarding

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
AD	Accountability Documentation	Of Concern [1 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Triggers]	Resilient [0 Triggers]
CI	Culture/ Implementation	Triggers to be developed and agreed	Triggers to be developed and agreed
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	No Date on DSB Policy - not clear when last reviewed. [1 Trigger]	HR is looking to amalgamate this policy into new recruitment policy that is being developed. New policy will be in new template with version control and approval date information.	

7. Information Governance / Data Protection / Cyber Security

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
AD	Accountability Documentation	Vulnerable [3 Triggers]	Vulnerable [3 Triggers]
		Of Concern [2 Triggers]	Of Concern [2 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [3 Triggers]	Of Concern [3 Triggers]

CI	Culture/ Implementation	Of Concern [2 Triggers]	Of Concern [2 Triggers]
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Across Authority up to date retention schedule and records of processing needs to be put in place. [2 Triggers]	This activity has been affected by organisational restructure and impact on record management structures. Officer capacity has also been an issue due to competing priorities. Up to date retention schedule is being developed as priority. Record of Processing will be aligned to new Authority Structure. Progress being monitored by record management group.	
AD	Publication Scheme significantly out of date and requires review. [1 Trigger]	Democratic Services Officer and Performance and Compliance Officer to review. Format may be revised to reflect approach taken by other local Authorities.	
AD	Information and Data Security Policy and ICT User Policy have not been reviewed within four years. Outstanding Internal Audit Actions on them. Not all staff have signed ICT User policy. [2 Triggers]	Policies have been reviewed by Head of Decarbonisation, IT Team and DPO, have gone out for consultation to Members and Staff and went to May NPA for approval. All staff will be required to sign revised ICT policy once revised policy approved.	
IRCM	2 near miss incidents at Depos in relation to Confidential Waste. [1 Trigger]	Communication reminder sent out around Confidential waste and incidents followed up. Session delivered to site managers to discuss waste, including section on confidential waste.	
IRCM	<p>1. In Q1 ICO received complaint about sharing personal data with a third party consultant without a legal basis. ICO found in favour of the Authority, stating: "Just to confirm the ICO are satisfied with the lawful basis Pembrokeshire Coast National Park Authority is relying upon of public task in order to process personal data and that no further action is required in terms of providing an action plan.</p> <p>2. In Q4 Authority received warning around pass the ticket incident from its monitoring system. Authority self-reported incident to ICO/ NCSC. Advice sought from Microsoft due to link to</p>	<p>1. As a result of the complaint the Authority has updated its privacy notice for planning and following clarification from ICO on frequency staff need to complete data protection training, programme of annual refresher training for relevant staff is now in place.</p> <p>2. Initial risks dealt with immediately, wider risks assessed, follow up actions implemented by IT team in discussion with DPO and advice from NCSC, ICO and Microsoft. ICO response from lead technical investigations officer noted following: "After careful consideration based on the information that has been provided, we have decided not to take any formal enforcement action on this occasion. It is my conclusion that this case does not reach the requirements for regulatory action based on the information provided. This decision is due to the particular facts of this case, and the remedial measures set out in the breach report which we would expect to be implemented in order to prevent a reoccurrence." Ongoing monitoring in place.</p>	

	false positives linked to learning periods. [1 Trigger]		
IRCM	1 of the 3 SAR response in Q1 was not responded to in required timeframe. SAR in Q4 responded to within required timeframes. However, 100% FOI/ EIR requests have been responded to ytd in required timescales. [1 Trigger]		Authority had a number of complex SAR in Q1. Wider record management activities should help with meeting future responses. Responsibility for responses now being managed by Democratic Services and not split with Customer Services and SAR in Q4 responded to within required timeframes. SLT have also agreed that in future additional casual hours can be offered to deal with complex SAR if needed. Challenges around FOI, EIR and SAR included as standing item on record management group agenda.
CI	Cyber Security Training Completions at 79.66% and Data Protection Training Completions at 86.44% are within of concern threshold. In terms of Data Protection training outstanding 5 were new requests and 11 related to annual refresher course. [2 Triggers]		Currently reviewing our Cyber Security Training, IT have been in contact with PCC in terms of training they provide to staff. Exploring potential for training to be hosted on ELMS which will help with monitoring. Data Protection Training on virtual DPO system not ELMS, staff with outstanding training will receive weekly reminders. Monthly new reminder process to be implemented from May, including prompting of Management Team members who have staff who haven't completed the training or refresher training will be due for completion during that month.
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
AGS	Implementation of Microsoft 365 across the Authority.	Green	Progress Status: In Progress/ On Track Project progressing alongside the record management and processing work.
AGS/ DT29	Record Management Project - Implementation of actions to support improved information governance. Completion of restructure of F/Drive and Movement of Digital Files where needed to Teams/ Sharepoint.	Amber	Progress Status: In Progress/ Behind F Drive phase 1 file movement sessions held in February with Regenerative Tourism and Engagement and Inclusion Team and session held in March with Decarbonisation team. Session arranged with Llanion Services for April, and Volunteering for May. Officers also reviewing with departments as part of the sessions what Microsoft Teams they need. New process set up ready for new financial year in terms of invoices folders. Project is progressing but impacted by staff capacity Performance/ IT and need to work across Teams.
DT29	Mapping Data needs and Processes across departments and wider	Green	Progress Status: Not Started/ On Hold Not started yet. Review of delivery plans deliverables for 2024/25

	digital review leading to creation of Digital Action Plan		identified need to relook at digital transformation ones including this deliverable. Deliverables will be amended for 2024/25 and these will be split into four areas: 1. IT Infrastructure and Systems (including developing the IT action plan into a formal strategy). 2. Digital Skills. 3. Digital and Record Management Transformation. 4. Improving processes for IT resource requests.
DT29	New Business Case processes/ procedures – systems, apps, external data sharing	Green	Progress Status: Not Started/ On Hold Not started yet, expected to progress in 2024/25.
DT29	List of Systems/ license requirements for each PCNPA job role. Project development and Request to fill forms to take account of full IT cost recovery	Green	Progress Status: Not Started/ On Hold Not started yet, expected to progress in 2024/25.
SD1	Digital Training: Back to basic IT Skills, 365 training, specialist training linked to officer's role.	Green	Progress Status: In Progress/ On Track One training event was delivered on 365 in March. IT skills/ training needs has been added to the Wellbeing and development proforma form which will be rolled out across the Authority and will identify training needs.

8. Workforce /Social Partnership Duty/ Health and Safety

Please note: Currently a separate report/ dashboard is provided on Health and Safety as a result resilience area triggers for health and safety have not been included in this report, except for RIDDOR incidents. Work will be undertaken with Health and Safety Project officer to explore inclusion of appropriate triggers in this document, without duplicating what is in the Health and Safety Dashboard/ Report.

Further work is also needed with People Services to align triggers with data reported at Human Resources Committee and to review mandatory training and monitoring requirements.

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
AD	Accountability Documentation	Vulnerable [2 Triggers]	Vulnerable [2 Triggers]
		Of Concern [1 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Vulnerable [1 Trigger]
			Further Triggers to be developed and agreed
CI	Culture/ Implementation	N/A	Resilient

			[0 Triggers]
			Further Triggers to be developed and agreed
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Issues around poor document/ version controls for HR related Policies. A number of HR policies in need of review. Grievance and Disciplinary Procedure significantly out of date in terms of when last reviewed. [2 Triggers]	Performance and Compliance Officer met with HR to identify current policies and procedures and prioritise them for review, with priority focus being given to high risk policies and those impacted by legislative change. A list has been developed that HR are working through, they are also utilising Expert HR to bring policies up to date and looking for opportunities to amalgamate policies where appropriate. Wider work on improved document and version control is being applied to HR policies.	
AD	As part of new Social Partnership duty Authority needs to develop process to gain consensus and agreement with recognised trade union on Well-being Objectives/ plans to meet objectives. [1 Trigger]	Performance and Compliance Officer to arrange meeting to discuss with new Head of People Services and CEO. Meeting to also consider wider annual reporting requirements under the act of need to produce report annually of what Authority has done to comply with duty and submitted to SPC.	
IRCM	1 RIDDOR incident in Q3 - A member of the public broke their ankle at Carew. [1 Trigger]	Member of public slipped on steps in the field near the causeway	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
DT29	Updating of induction process to reflect new priorities (Staff, Volunteers and Members induction.)	Red	Progress Status: Not Started/ On Hold Work has begun on scoping out this project and information collated on current process and best practice.
DT29	Implementing Management Team Development Programme	Green	Progress Status: In Progress/ On Track Some actions such as Health and Safety training has been undertaken however more formal process to be adopted next year
SD1 / AGS	Complete and review outcome of Pay and Grading Review	Amber	Progress Status: In Progress/ Behind Initial emerging hierarchy of points was shared and posts matched to employees to ensure that all posts had been evaluated. Agreed to moderate a 10% sample (12 posts) and 2 moderation days were arranged for March 2024. Began sharing emerging results with Senior Leadership and Management Teams.
SD21	Updating of Annual Appraisal/ Work and Well-being process to capture progress against new	Amber	Progress Status: Not Started/ Behind A Wellbeing and Development Review form has been sent to all staff. Line management have been tasked with

	priorities and identify skills gaps and development opportunities for all staff.		holding the review meetings with their direct reports and to submit these to the generic HR mailbox by 28 June 2024. The training and development needs identified on the forms will be analysed and collated. This will inform the subsequent review of the appraisal process.
SD21	Development and delivery of training plan/ programme 2024 - 2027 for all Staff, Members (through Member development training plan) and volunteers incorporating new priorities and reflecting areas identified within Skills and Development Delivery Plan for training.	Amber	Progress Status: In Progress/ Behind A Wellbeing and Development Skills Review for all staff has commenced with a return date of 28 June 2024. This has been designed to identify skills gaps and agree the most appropriate training intervention to meet the staff needs. This will need to be extended to all Volunteers once the emerging findings of the staff review have been gauged.
SD1	Review contracts and our offer and opportunities provided linked to seasonality demand – with focus on regenerative tourism and nature recovery teams.	Green	Progress Status: Complete/ On Track The contracts of employment for seasonal workers have been reviewed and as a result the number of zero-hour contracts have been significantly reduced (by approximately 80%) Where appropriate for business needs evergreen and annualised hours contracts have been issued. The seasonal staff will have opportunities, depending upon location, to undertake a broad range of duties including catering, customer service, retail etc to enable them to develop their skills portfolio. All staff are offered training appropriate to their role. The changes in employment legislation have also enabled us to offer rolled up holiday pay from January 2025.
SD1	Explore new pathways to employment opportunities through skills development/ training / apprenticeship opportunities. Review our offer for further and higher education students.	Red	Progress Status: Not Started/ On Hold This work is still in planning stage pending completion of Pay and Grading Review
AGS/ DT29	Review of Health and Safety – ensuring we can deliver our new priorities in a way that is aligned to our Health and Safety obligations. [AGS]	Green	Progress Status: In Progress/ On Track The results from the staff safety culture have been produced and summary slides have been developed to assist HoDs in delivering the results. Risk assessments are still being 'thinned' out to develop a realistic number of documents that are valid. Safety

			Training Matrix has stalled slightly as some safety training for Wardens appears to vary. Not all Wardens will carry out all activities and only certain persons will be chosen for certain tasks. HAVS documentation requires a review based on the near completion of 12 months worth of data collected by the wardens. A new incident reporting tool request has been taken to the IT team and the first part, for reporting incidents is completed, but needs minor tweaks. The process from report being sent to line management is more complicated.
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9. Planning

Please note that due to upgrade to planning system, officers have been temporarily unable to produce enforcement reports from the system. As a result Q4 Enforcement figures were not available for consideration when producing this assurance report.

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2023/24]
AD	Accountability Documentation	Vulnerable [1 Trigger]	Vulnerable [1 Trigger]
		Of Concern [1 Trigger]	
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Vulnerable [1 Trigger]	Vulnerable [2 Triggers]
		Of Concern [3 Triggers]	Of Concern [1 Triggers]
CI	Culture/ Implementation	N/A	N/A
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Planning Enforcement and Compliance Policy last reviewed and adopted 2011. [Trigger 1]	Director of Placemaking, Decarbonisation and Engagement and Development Management Manager to review. Revised policy to go to NPA for approval.	
IRCM	% of all planning applications determined within time periods required (less than 8 weeks) ytd is within vulnerable threshold at 41.48% ytd. However, % applications subject to planning performance agreement or agreed extension determined with agreed times is at 88%. [Trigger 1]	The Development Management element of the planning service has been through a process of change during the 2023/2024 monitoring period. The focus during this year has been to move away from the previous reliance on private contractors and to consolidate the team. A permanent appointment to DM Manager was made in April 2023 and vacant posts were recruited to in mid 2023. The team remains an overall relatively inexperienced one, with only 3 members of staff involved in DM with chartered status – much of the focus has therefore been on training and development from managers. Changes to team structures were implemented in December 2023 with a move to two teams	
IRCM	Average times taken to determine all planning applications in days ytd		

	remains within Vulnerable threshold at 126.5 days, with target of <67days. This is slightly above the number of days at 123.75 days for the same period last year. [Trigger 1]	working under two Principal officers. One vacant post still exists which is being held for a WLGA programme supporting new entrants into planning. Many of the applications determined in 2023/24 have been the older applications which built up during the pandemic period and whilst the Authority was short-staffed. During 2023/4 the Authority has also received a higher than average number of major applications relating to the period of time it takes post LDP adoption to bring forward large allocations – these typically take longer to determine because of the associated S.106 legal agreements. The combination of these factors has led to poor 8 week performance, however alongside this figure there has been strong delivery of Affordable Housing targets identified in the Annual Monitoring Report and a 100% appeals rate, suggesting quality in the decisions made. In Quarter 4 Managers have stressed the importance of ensuring that those planning applications that are over 8 weeks are supported by agreed extensions of time and this has resulted in 95% of those in Q4 with agreed extensions being determined within required times. The focus on performance in 2024/5 will be on continuing to have a high percentage of applications determined within agreed timescales and increasing the percentage of applications determined within the 8 week periods, particularly for householder applications.	
IRCM	% of planning applications approved has fallen to 73% for Q4 ytd 2023/24. This compares to Q4 ytd 92.81 in 2022/23 and Q4 ytd 85.23 in 2021/22. Significant decrease on last year. However, it is important to note that 100% appeals were dismissed in 2023/24. [Trigger 1]		
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
	Planning Administrative Process Review	Green	Progress Status: In Progress/ On Track The APAS system, which is our principal planning database and system used by Admin is being upgraded at the end of this month. Although there have been considerable delays of over a year (mostly with the external company) the upgrade should make a difference in terms of the admin process. The new system should also allow Officers to take tablets out on site to be able to look at plans (previously these have always had to be paper plans) so this should also aid digital working.
	Review of Enforcement Service	Green	Progress Status: In Progress/ On Track A new permanent Enforcement Officer has been taken on (28/03/2024) and

			this should help with progressing new investigations in a timely manner. The Enforcement Assistant is continuing to close off and finalise cases from the backlog left from previous officers and covid and this is continuing to reduce.
	Planning – Engagement with Community Councils/ Provision of Training	Green	Progress Status: Complete/ On Track Two events recently held for Community Councils in October and November, one on-line and one in-person at Llanion. There was a good attendance at the on-line event, but for the in-person event, only one person came, so we will deliver training in future entirely on-line.