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.

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.

Following request from Operational Review Committee to provide updates on Green Room Development via performance monitoring to Members, this activity has been added to this report. This is because it falls outside scope of Priority Projects/ Indicators in terms of Well-being Objectives.

The reporting period is for the end of quarter 4 2024/25 (March 31).

Review of this report and further development of assurance monitoring

Work will be undertaken in Q1 2025/26 to review this report and its relationship to risk register assurance. This is a result of the following internal audit action being agreed as part of the Risk Maturity Follow Up Audit: "Review and identify process for gathering data from assurance sources to provide quarterly assurance within the Risk register 2/3 line columns (this could be linked to our wider assurance reporting). We will then test to see how effective approach is in terms of helping populate the "Gaps on control or Assurance" Column."

There is need to ensure that we don't duplicate information gathered/ reported as part of this process and to identify best way to display information linked to 2/3 lines of assurance in the risk register. As a result, this report could look slightly different in the future and may form part of an Appendix to the risk register.

Further engagement will be carried out with assurance leads to review different aspects of what is covered within assurance monitoring. This will include a review of what data is gathered and used as part of the Welsh Language Standards annual report and can be included if appropriate as Culture/ Implementation related indicators (this will in part depend on whether data can be captured quarterly and wider amendments to format of report.)

Tracker documents are being developed to be used for monitoring some areas relating to accountability documentation so consideration during the review will be made of most effective way to report progress in these areas.

The above review will also take account of how best to report progress for corporate improvement areas identified within Annual Governance Statement and Authority's Delivery Plan. Activities will need to be updated in response to updates and review of these documents.

Activities to improve resilience scores

New Partnership Plan 2025-2029 approved March NPA. Slight slippage in approval timescale due to need for further engagement with partners in response to consultation responses. However, has meant the Plan and partnership arrangements for it have been strengthened - resolving an Of Concern trigger in Q3.

At the end of March a significant number of policies are now available on staff intranet. Tracker document developed and in process of being finalised, which identifies which policies are on staff intranet, which are outstanding and need to be added to forward work programme for review, movement to new template and publication. Tracker document sets out forward work programme for 2025/26 and future years. Progress for policy and standards review will now be assessed against the forward work programme in this document. It also sets out details, such as when reviewed/ approved, general review cycle or earlier review trigger (change in legislation). News section created for Corporate Document section of intranet and this is helping promote changes/ new policies to staff. Also able to monitor how many staff have viewed a policy on the staff intranet. Historic policies due for review are available in the Corporate Policy review Microsoft team.

Asset Management Strategy and Policy approved at 26 March 2025 NPA - resolving an Of Concern trigger in Q3.

Updated Safeguarding policy approved at February NPA - resolving an Of Concern trigger in Q3.

An updated Enforcement Policy was approved at March NPA – resolving an of concern trigger in Q3.

Data Protection Policy reviewed by Performance and Compliance Officer and DPO in Q4, minor updates applied, went to Management Team for approval in April in line with scheme of delegation - Resolving Of Concern trigger in Q3.

IT Project/ Request form developed which will support identification of need to complete Data Protection Impact Assessments (DPIA) and DPIA process. This will help address issue Internal Auditors identified of several missed opportunities to complete a DPIA. Further work will be carried out to look at DPIAs and checks needed with third party consultants and for partnership projects and activities. Wales Accord for Sharing Personal Data have set of templates that can be used in support of this, and template used as part of LIDAR portal work. 12 DPIAs completed in 2024/25 compared to 2 in 2023/24 (this does in part reflect planned introduction of number of new systems particularly in Q3/ Q4). Resolving Of Concern trigger in Q3.

Welsh Government reporting from planning system has been resolved to enable provision of data for quarterly returns – resolving Of Concern trigger in Q3. However, planning officers are still having issues with wider dashboards and reports from the system. Development Management have brought in additional team leader manual reporting mechanisms since Q4 to ensure more scrutiny on officer's workloads and time management of cases.

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 March 2024/25

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.

Accountability Documentation

Tracker documents are being developed to be used for monitoring areas relating to accountability documentation, progress in the future will be assessed against the forward work programmes within these documents.

1. Governance

Resilience Area		Resilience Score [Q3 2024/25]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Of Concern [2 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [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. Need to address version control, historic issues with document control for remaining policies [1 Trigger]. Note - Progress for policy and standards review will now be assessed against the forward work programme set out in the newly developed tracker document.	At the end of March a significant number of policies are now available on staff intranet. Tracker document developed and in process of being finalised, which identifies which policies are on staff intranet, which are outstanding and need to be added to forward work programme for review, movement to new template and publication. Tracker document sets out forward work programme for 2025/26 and future years. Progress for policy and standards review will now be assessed against the forward work programme in this document. It also sets out details, such as when reviewed/ approved, general review cycle or earlier review trigger (change in legislation). News section created for Corporate Document section of intranet and this	

		is helping promote changes/ new policies to staff. Also able to monitor how many staff have viewed a policy on the staff intranet. Historic policies due for review are available in the Corporate Policy review Microsoft team.
IRCM	2 complaints referred to Ombudsman in Q1. One complaint not upheld, still awaiting outcome of second complaint. A third complaint was referred in Q4, however Ombudsman has closed complaint as it relates to ongoing enforcement matter. [1 Trigger]	One complaint was referred to the Ombudsman and was not upheld. One complaint was referred, but closed by Ombudsman as relates to ongoing enforcement matter. The Authority is awaiting the outcome of the second complaint referred to the Ombudsman in Q1.
CI	% Member attendance at training ytd remains below 65% target at 58.97% ytd at end of Q4 and within Of concern threshold. [1 Trigger].	Attendance at training has been discussed at People Services Committee meeting. Procedure in place to record numbers of Members who subsequently watch recordings of training sessions.

Improvement Activities Since Previous A & C Committee Meeting		
• New Partnership Plan 2025-2029 approved March NPA. Slight slippage in approval timescale due to need for further engagement with partners in response to consultation responses. However has meant the Plan and partnership arrangements for it have been strengthened - resolving an Of Concern trigger in Q3.			

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 included in review of Delivery Plans.
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/ Behind Revised guidance, trigger document and template approved by Management Team in October. Copy of revised guidance, trigger document and template published on staff intranet. Information on Trigger document and link to templates and guidance included in NPA report deadline notification for officers. Officers engaging with trigger document and completion of integrated assessments were needed on completion of trigger document. Next step to look at development of project checklist (some links/ learning potentially from the development of the IT project request form).
G20/ AGS	Corporate Improvement Project on Management and Communication of Corporate	Green	**Progress Status:** In Progress / On Track Tracker document in development to support mop up work and development

	Policies, Procedures and Templates	Green	of forward work programme. Forward Work Programme for 2025/26 to be shared with Management Team in April/ May. Data Protection Policy reviewed to go to Leadership Team. Asset Management Policy and Enforcement Policy approved at March NPA.
AGS	Implement agreed recommendations from Audit Wales review of Governance	Green	**Progress Status**: In Progress / On Track Most of the recommendations were for Welsh Government and Local Authorities. Officers have engaged with Welsh Government on one outstanding action.
SD21	PDP for Members capture any skills gaps/ development opportunities linked to new priorities	Green	**Progress Status**: In Progress / On Track Continuing to implement Member Workshop programme reflecting Delivery Plan priorities.

2. Finance

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

Resilience Area		Resilience Score [Q3 2024/25]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Resilient [0 Trigger]	Resilient [0 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Triggers to be developed and agreed	Triggers to be developed and agreed
CI	Culture/ Implementation		
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 Work ongoing. Significant end of year funding from Welsh Government illustrates some success in the approach.
RBF22	Management Team members to carry out mid/long term financial mapping and scenario planning for Authority and departments to manage future deficits identified in 2024/25 budget planning.	Green	**Progress Status:** In Progress/ Behind Budgets have been completed and staff have been asked to look at cost saving measures. This will be a 6-9 month process as cost savings are delivered. Members session arranged for 2 April.
RBF22	Undertake a Zero Based Funding exercise to reallocate funding to key priorities and also identify funding gaps.	Green	**Progress Status:** Complete/ On Track Completed. Zero based budgeting process has been completed and collated. The budget for 25-26 is based on a bottom up approach using zero based budgets.

RBF22	Review project identification/ prioritisation process for funding to align to new priorities and delivery plan funding gaps. Identify flagship/ landscape scale projects linked to actions within Delivery Plans.	Green	**Progress Status:** In Progress/ On Track Working across departments to secure funding. SLSP and Brilliant Basic applications submitted, along with numerous Trust applications to support projects delivered.
RBF22	Review and identify commercial opportunities across all Authority activities and assets and develop a commercial opportunity strategy with SMART set of measures.	Green	**Progress Status:** In Progress/ On Track The Authority continues to undertake a range of options to seek to balance the budget
RBF23	Additional Marketing Support for Centres – Contract for specialist marketing support (Funded – 10K for 2024-25)	Green	**Progress Status:** Complete/ On Track Funding used to support the filming and production of three promotional films for the visitor attractions and the final films have now been received. The films will be used to market the visitor attractions via social media and media partners in the coming months.
RBF23	Development and delivery of fundraising strategy.	Green	**Progress Status:** In Progress/ On Track Continue to work across departments to help support funding needs.

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

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Of Concern [2 Trigger]	Resilient [0 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [1 Trigger]	Of Concern [1 Trigger]
CI	Culture/ Implementation	N/A	N/A
Ref	**Triggers identified: Vulnerable/ Of Concern**	**Management Response**	
IRCM	Invoices paid on time (SRPD – Making payments promptly): Within of concern threshold at 92.78% ytd a fall from 93.86% in Q3. Target >96%. [1Trigger]	Supplier payments are made weekly for all approved invoices. Delays can occur when incorrect invoices are received or delays in approvals elsewhere in the organisation, this was a particular issue in Q3. Quarter 4 figure impacted due to number of outstanding invoices for March 25 due to the change over to Sage. Once Sage embedded we will monitor to see if further communication needed with staff to emphasise importance of prompt approval of invoices and clearing of queries.	
Improvement Activities Since Previous A & C Committee Meeting			

- Asset Management Strategy and Policy approved at 26 March 2025 NPA - resolving an Of Concern trigger in Q3.
- EV Estates Van received.

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:** Complete/ On Track Completed for 2023/24. Reporting submitted and acknowledged 20th August. Attended WG review meeting on public sector submissions. Awaiting report from WG.
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 Next S.6 report is due end of 2025. This will require at a minimum updating the current signposting document, but we will also review the approach taken.
G20	Review of Authority's Asset Management/ Estates Strategy – to align it with our new objectives/ priorities. Including considerations around acquisitions for carbon sequestration.	Green	**Progress Status:** In Progress/ On Track Authority's Asset Management/ Estates Strategy approved by NPA. Implementation plan for delivering against the strategy commenced.
SD21	Ongoing Members Training Climate Adaptation	Green	**Progress Status:** In Progress/ On Track Members have previously received training on this area. An updated TAN 15 on flood risk publication on 31st March 2025 and additional training will be provided on this.
AGS 2024/25	Procurement processes / Socially Responsible Procurement - Review of procurement approach and processes to take account of legal changes at Welsh and UK Government level and challenges of decarbonisation.	Green	**Progress Status:** In Progress/ Behind New CSO's in draft.
Added following request for monitoring from OR Committee	Green Room Redevelopment	Amber	**Progress Status:** In Progress/ Behind Contractor appointed and value engineering exercise completed, work commenced with removal of portakabins. Formal contract start date to follow early March.

4. Welsh Language

Resilience Area		Resilience Score [Q3 2024/25]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Resilient [0 Trigger]	Resilient [0 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Trigger]	Of Concern [2 Triggers]
CI	Culture/ Implementation	Triggers to be developed and agreed.	Looking to review and align against data captured in Welsh Language Monitoring report and set up figures for quarterly reporting.
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
IRCM	1 Complaint received by the Authority relating to Welsh Language in Q4 regarding recruitment. 1 complaint raised with Welsh Language Commissioner but following response from officers it was not investigated. [2 Triggers].	The Authority has reviewed website documentation in response to the complaint and will be making references to the ability to submit applications in Welsh and to undertake interviews in Welsh more prominent going forward.	

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

Resilience Area		Resilience Score [Q3 2024/25]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Resilient [0 Triggers]]	Resilient [0 Triggers]]
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	
IRCM	Equality monitoring data for staff held on HR system is within of concern threshold at 71.24%. Small increase from Q1 figure of 69.86%. However overall Authority has seen return to more consistent levels seen before move to the new HR system. [1 Trigger].	Further communication needed with staff. HR to explore with Strategic Advisor best approach to look at how to increase response rates.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
G20	Review of Equality Plan and Objectives	Amber	**Progress Status:** Complete / Behind Plan was approved at the February NPA by Members. HTML version and Easy Read version published to Authority website.

6. Safeguarding

Resilience Area		Resilience Score [Q3 2024/25]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Of Concern [1 Trigger]	Resilient [0 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Triggers]	Resilient [0 Triggers]
CI	Culture/ Implementation	Resilient [0 Triggers]	Resilient [0 Triggers]
Improvement Activities Since Previous A & C Committee Meeting			
• Updated Safeguarding policy approved at February NPA - resolving an Of Concern trigger in Q3.			

7. Information Governance / Data Protection / Cyber Security

Resilience Area		Resilience Score [Q3 2024/25]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Vulnerable [2 Triggers]	Vulnerable [2 Triggers]
		Of Concern [3 Triggers]	Of Concern [1 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Trigger]	Of Concern [1 Trigger]
CI	Culture/ Implementation	Of Concern [2 Triggers]	Of Concern [2 Triggers]
Ref	**Triggers identified: Vulnerable/ Of Concern**	**Management Response**	
AD	% of staff had signed the ICT user policy at end of Q4 below 98% resilient target. Cezanne data is showing it at 87%. Note this is a decrease on number of staff who had signed the policy in Q3 of 92%. Moves it into Vulnerable threshold. [1 Tigger]	Officers have queried the figure and are looking into it. Decarbonisation have been chasing anyone that has not signed the policy and have addressed anomalies to do with seasonal staff. Their records show that 100% have signed and read the policy. Data has been shared from Cezanne with decarbonisation team to ensure their records match and to address any discrepancies. Following this review decarbonisation will chase up any outstanding staff to ensure all staff have signed the policy. We will also review data source and reporting for this metric to ensure accuracy going forward.	
AD	Across Authority up to date records of processing needs to be put in place. [1 Trigger]	To be actioned in 2025/26 alongside wider record management activities relating to F/Drive and Microsoft 365. Updated project plan to be developed to support completion of this work. Will require across Authority input.	
AD	Publication Scheme significantly out of date and requires review. However, moved from Vulnerable to Of Concern as Officers have made significant progress on	Democratic Services Officer and Performance and Compliance Officer have carried out most of the work to review and update the publication scheme with creation of relevant website pages and links. Approach is informed by those taken by other local Authorities and will see update and changes to our corporate document pages	

	review and update. [1 Trigger]		on website. The change in approach will make it easier to keep the scheme up to data and add additional information to it.
IRCM	Self reported historic data breach to ICO that came to light as part of wider complaint. [1 Trigger]		ICO considered the information provided and decided that no further action by the ICO is necessary on this occasion. They did set out some recommendations that officers are following up.
CI	Cyber Security Training completions at 92.74% and Data Protection Training completions at 88.71% are within of concern threshold (76% - 95%). [2 Triggers]		Work ongoing to move data protection and cyber security training to ELMS platform. This will enable line managers to monitor and follow up any outstanding completions for their teams. It will also support completion of training during induction and will enable more staff to undertake the training. Additional joint free Cyber Security Training has been secured in partnership with other Welsh National Park Authorities, with places allocated for PCNPA staff across 3 sessions. Positive sign up to date re these training sessions. Number of staff had refresher training due in Quarter 4.

Improvement Activities Since Previous A & C Committee Meeting

- Data Protection Policy reviewed by Performance and Compliance Officer and DPO in Q4, minor updates applied, went to Management Team for approval in April in line with scheme of delegation - Resolving Of Concern trigger in Q3.
- IT Project/ Request form has been developed which will support identification of need to complete DPIA and DPIA process. This will help address issue Internal Auditors identified of several missed opportunities to complete a DPIA. Further work will be carried out to look at DPIA/ checks needed with third party consultants and for partnership projects/ activities. Wales Accord for Sharing Personal Data have set of templates that can be used in support of this, and template used as part of LIDAR portal work. 12 DPIAs completed in 2024/25 compared to 2 in 2023/24 (this does in part reflect planned introduction of number of new systems particularly in Q3/ Q4) - Resolving Of Concern trigger in Q3.

Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
DT29	Develop IT Action Plan into formal strategy (IT Infrastructure & Systems).	Green	**Progress Status:** Complete/ On Track Strategy approved Audit committee 31/7/24
AGS	Approval of new ICT User Policy and Information and Data Security Policy.	Green	**Progress Status:** Complete/ On Track Revised ICT User Policy and Information and Data Security Policy approved by Members at May NPA. [Action Complete]
DT29	Review our Cyber Security Training offer and implement new training programme (Digital Skills)	Green	**Progress Status:** In Progress/ On Track IT communications and training annual programme (for staff) developed. 2 Training sessions delivered (Planning dept and open staff session). Top tips shared in teams and through the staff newsletter. Work ongoing to review training on ELMS to move to using this platform for training and monitoring.

DT29	Audit Staff's Digital Skills and implement training Programme (Digital Skills)	Green	**Progress Status:** In Progress/ On Track IT communications and training annual programme (for staff) developed. 2 Training sessions delivered (Planning dept and open staff session). Top tips shared in teams and through the staff newsletter
AGS	Implementation of Microsoft 365 across the Authority.	Amber	**Progress Status**: In Progress/ Behind Behind but some progress, particularly with planning department and officer reports. Setup a system where they can work on reports and using workflow rules to notify staff at key points for progression or approval etc. Also ran a basic 365 training session with more to follow. Will be highlighting the planning win at the next team leaders meeting 10/4 and hopefully have more 1-1 with departments afterwards. Work continues on the reception system a knowledge repository for FAQs and Contacts etc.
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 Updated Retention Schedule approved by Management Team, SharePoint list version available for staff on staff intranet. Record Management and Retention policy approved by Members at October NPA. Work currently focusing on Archive and Park Delivery mop up work.
DT29	Development of new business case process/ procedure for approval of new systems and apps. (Improving processes for IT resource requests.)	Green	**Progress Status:** In Progress/ On Track Development of new business case process/ procedure for approval of new systems and apps. designed and shared with Management team. Procedure agreed to being used. The (new) 2 stage form to be reviewed in Autumn.
DT29	Development of list of systems / licence requirements for each job role under new structure. Amend request to fill forms to take account of IT related costs for that job role (Improving processes for IT resource requests) .	Amber	**Progress Status:** Complete/ On Track Request to fill form updated and currently being used taking into account IT related costs for that job role.
DT29	Ensure revised project development process takes account of full cost recovery/ cost implications tied to	Green	**Progress Status:** In Progress/ On Track Project proforma (for IT projects) approved and in use. Work underway

	systems/ licence / IT related costs and any Web Accessibility or Welsh Language compliance issues. (Improving processes for IT resource requests)		to tag externally funded staff for ongoing licence costs and running costs to ensure full cost recovery.

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 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 People Services Committee and to review mandatory training and monitoring requirements. This will be carried out as part of wider review of this report and assurance monitoring

Resilience Area		Resilience Score [Q3 2024/25]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Of Concern [1 Trigger]	Resilient [0 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [1 Trigger]	Of Concern [1 Trigger]
		Further Triggers to be developed and agreed	Further Triggers to be developed and agreed
CI	Culture/ Implementation	Resilient [0 Triggers]	Resilient [0 Triggers]
		Further Triggers to be developed and agreed	Further Triggers to be developed and agreed
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
IRCM	2 RIDDOR incident in Q3 - Both incidents involved an employee who as a result of the incident was off work for a period of 8 days or more. Reported as RIDDOR in line with HSE guidelines. No further incidents in Q4. [1 Trigger]	These have been investigated locally. The 2 incidents were not linked. Methods of working and risk assessments have been reviewed. Any lessons to be learnt from 2 RIDDOR incidents will be progressed by Health and Safety Group. The member of staff was unable to undertake light or restricted duties due to the nature of their role which was why they were absent from work and why the incident was a RIDDOR.	
Improvement Activities Since Previous A & C Committee Meeting			
• HR have made progress over 2024/25 to update and move HR policies to into new template with improved version control. Outstanding policies have been added to corporate policy tracker forward work programme for 2025/26. Progress going forwards be assessed against this tracker document – resolving an Of Concern trigger in Q3. Will move back into Of Concern if limited progress is made on policies identified within the 2025/26 forward work programme.			

Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
DT29	Updating of induction process to reflect new priorities (Staff, Volunteers and Members induction.)	Amber	**Progress Status:** In Progress/ Behind This has been identified as a priority for the new member of People Services. They have been briefed and provided with the work done to date and the contact details of the key stakeholders. The opportunities to harmonise and incorporate induction processes that encapsulate members, staff and volunteers is seen as one of the objectives.
DT29	Implementing Management Team Development Programme	Green	**Progress Status:** In Progress/ On Track Programme of work ongoing
SD1 / AGS	Complete and review outcome of Pay and Grading Review	Green	**Progress Status:** In Progress/ On Track The formal appeals have all been completed. Equality Impact Assessments and gender pay gap work can now be completed.
SD21	Updating of Annual Appraisal/ Work and Well-being process to capture progress against new priorities and identify skills gaps and development opportunities for all staff.	Amber	**Progress Status:** In Progress/ Behind Whilst this remains on hold we are looking at it from a HR Policy perspective of a seamless process of induction, probation, appraisal/ performance review.
SD21/ AGS	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 Work has begun to scope out this piece of work using volunteer role profiles and the pay and grading job descriptions, person specifications and the development and wellbeing reviews.
SD1	Explore new pathways to employment opportunities through skills development/ training / apprenticeship opportunities. Review our offer for further and higher education students.	Amber	**Progress Status:** In Progress/ Behind The Swansea University 70 hour student work placement concluded satisfactorily. Currently the schools and colleges locally seem to have a scattergun approach to networking and we are communicating with the key stakeholders to establish a central point of contact within People Services.
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. Review and update of Risk	Green	**Progress Status:** Complete/ On Track The risk assessments have been standardised, evaluated and uploaded to Teams to provide competent access to risk assessments. Teams also allows PDF versions to be generated which

	Assessments to new template following recommendation from Internal Audit.		have been uploaded to Parcnet (SharePoint). The control and management of the documents going forward will be limited to certain individuals so that auditing can be achieved. A management document has also been produced to guide users in how to edit and secure their documents for review. IT will issue emails and indicate which risk assessments are out of date if they are not reviewed on time.

9. Planning

Resilience Area		Resilience Score [Q3 2023/24]	Resilience Score [Q4 2024/25]
AD	Accountability Documentation	Of Concern [1 Trigger]	Resilient [0 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Vulnerable [1 Trigger]	Of Concern [4 Triggers]
CI	Culture/ Implementation	N/A	N/A

Ref	Triggers identified: Vulnerable/ Of Concern	Management Response
IRCM	The % planning applications determined within statutory and agreed timescales is in Amber (of concern threshold) and there has been an increase in average time taken to determine all planning applications in days in Q4, compared to previous Q's of 2024/25. **% Planning applications determined within statutory and agreed timescales per quarter** 	Year	Q1	Q2	Q3	Q4
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2024/25	77.00 (Amber)	80.77 (Green)	79.61 (Amber)	77.00 (Amber)
2023/24	67.00	73.00	55.00	87.00 | **Average time taken to determine all planning applications in days per quarter** | Year	Q1	Q2	Q3	Q4
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2024/25	98	99	96	134
2023/24	121	123	123	139	 [2 Triggers]	The determination rate is reflecting a relatively stable position in terms of previous quarters, but we are still working towards better performance within agreed timescales. The lack of reporting (apart from Welsh Government reporting) with our current database system is making the situation challenging, but we have brought in additional team leader manual reporting mechanisms since Q4 to ensure more scrutiny on officer's workloads and time management of cases. Q4 does also reflect the period in which we took on 2 new trainee planners, so we believe the dip in performance is likely related to the time spent training and the additional pressure on the other

						officers whilst those new trainees were being brought up to the level where they could manage a caseload.

IRCM	There has been a significant increase in Q4 in the average time to investigate enforcement cases in days and average time to take enforcement action in days. compared to previous Q's of 2024/25.					Officers have carried out further investigation of what could be impacting on figures. In terms of average time to take enforcement action, officers looked into 13 cases, 3 were closure of older low risk cases, which are linked to a backlog of cases not closed off before a member of staff left the Authority. For example, one was for a landscaping condition on a housing estate received during Covid. The complaint had been that the boundary was 2 metres out as shown on plans, but as this was a low risk, low priority case, it was not closed off until January 2025, but had a significant impact on the statistics as it had taken 1659 days to be closed. There were 3 outlier cases that impact on this stat: 716 days, 1130 days, and 1659 days. Officer analysis suggests with removal of the outlier cases that 61 days is where the Authority is with the majority of enforcement cases at the moment.
	Average time to investigate enforcement cases in days					
	Year	Q1	Q2	Q3	Q4	
	2024/25	226	168	154	331	
	2023/24	91	532	139	238	
	Average time to take enforcement action in days					
	Year	Q1	Q2	Q3	Q4	
	2024/25	398	188	54	411	
	2023/24	118	466	98	413	
	[2 Triggers]					

Improvement Activities Since Previous A & C Committee Meeting
• Updated Enforcement Policy approved at March NPA - resolving an Of Concern trigger in Q3. • Welsh Government reporting from planning system has been resolved to enable provision of data for quarterly returns – resolving Of Concern trigger in Q3. However, planning officers are still having issues with wider dashboards and reports from the system.

Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
	Review of Adopted Local Development Plan 2	Green	**Progress Status: Complete**/ On Track

		Green	NPA agreed the Review Report for LDP 2 on 26 March. The Review Report was submitted to Welsh Government on 28 March 2025. The Review Report was submitted to Welsh Government within 6 months of commencing the review of LDP 2 in September which is in accordance with the timescale set out in Welsh Government guidance in the Local Development Plans Manual. The Review Report concluded that a full replacement Local Development Plan should be prepared. A Delivery Agreement setting out the timescale and Community Involvement Scheme for preparing a replacement Local Development Plan 3 will be prepared.
	Planning Administrative Process Review	Amber	**Progress Status**: In Progress/ Behind The delivery of the upgraded data management system signed off by the previous Development Management Manager for planning had resulted in a temporary inability to deliver our Welsh Government returns. Development Management Manager and Head of Placemaking, Decarbonisation and Engagement have been working to try to resolve through the company, and a number of quarterly stats were sent off having been established manually. The WG reporting has now been resolved, but there are no other reports currently working. Development Management Manager and Head of Placemaking, Decarbonisation and Engagement are looking at potential alternative providers - so this is still under review.
	Review of Enforcement Service	Green	**Progress Status**: In Progress/ On Track A revised Enforcement Charter was presented to NPA in March. The new Enforcement Assistant is working well with the 2 officers to streamline the response time for enforcement complaints, but there are still issues with the reporting of Enforcement Stats (linked to planning database) and monitoring of Officer's workloads due to the current planning database issues, which we are working on an internal system to work-around.
	Planning – Engagement with Community Councils/ Provision of Training	Green	**Progress Status:** In Progress/ On Track An annual training session for all Community Council was held in early November 2024 focusing on planning legislation, enforcement and policy - this

			training is delivered via on-line sessions in the evening to allow for best attendance. A separate meeting with Nevern & Moylegrove is being attended in April to discuss how the Authority designate Conservation Areas.