

April 20th, 2021

#### Notice Of Meeting

You are invited to attend the Audit Committee Meeting to be held on **Thursday, 22nd April 2021** at **2:00 pm** in **Mourne Room Downshire Civic Centre Downpatrick.** 

#### **Committee Membership:**

Ms B Slevin Independent Chairperson of Audit Committee Councillor P Byrne Councillor C Casey Councillor L Devlin Councillor C Enright Councillor M Gibbons Councillor O Hanlon Councillor A Lewis Councillor K Owen Councillor D Murphy Councillor G Sharvin

# Agenda

| 1.0 | Apologies and Chairperson's remarks.   |         |
|-----|--|---------|
| 2.0 | Declarations of Interest.  |         |
| 3.0 | Action Sheet: Audit Committee Meeting - Tuesday 12 January 2021. (Attached) <ul> <li>3.0 Action Sheet - AC Jan 2021 Final.pdf</li> </ul>           | Page 1  |
| 4.0 | Date and Start Times for Audit Committee Meetings 2021-2022.<br>(Attached)<br><sup>1</sup> 4.0 - Proposed dates and start times for in 2021-22.pdf | Page 8  |
| 5.0 | Audit Committee: Terms of Reference AND Timetable.   |         |
|     | (Attached) <ul> <li>5.0 - ToR and Timetable.pdf</li> </ul>   | Page 9  |
|     | 5.0 - Appendix 1 - AC ToR.pdf  | Page 11 |
|     | 5.0 - Appendix 2 - Audit Committe Timetable - April 2021.pdf   | Page 14 |
| 6.0 | Audit Committee Self Assessment. (Attached) Rpt from B Slevin re Self Assessment.pdf   | Page 16 |
|     | NAO Self_Assessment_Checklist 2020-21.pdf  | Page 19 |
| 7.0 | Annual Assessment of the Audit Committee: Chairperson's Performance. (Attached) <ul> <li>7.0 - Chairpersons Performance 2020-21.pdf</li> </ul>     | Page 26 |
|     | 8 Corporate Services (OPEN SESSION)  |         |
| 8.1 | Corporate Risk Register. (Attached)  |         |
|     | B.1 - Rpt Corporate Risk Register Apr 2021.pdf   | Page 28 |
|     | 8.1 - Appendix 1 CRR Overview.pdf  | Page 31 |
|     | 8.1 - Appendix 2 - CRR April 2021.pdf  | Page 35 |

8.2 - Prompt Payments Report Q3 Q4.pdf

#### 9 Corporate Services (CLOSED SESSION)

# 9.1 Update on Audit Recommendations (including Risk Profile). (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

| 9.1 - Rpt re Update on Audit Recommendations.pdf                              | Not included |
|---|--------------|
| 🗅 9.1 Appendix 1-5 Audit Follow up Tracker April 2021.pdf                     | Not included |
| 9.1 - Appendix 6 - Risk Profile for Legacy Internal Audit Recommendations.pdf | Not included |

# 9.2 Update re: ASM Investigation in Council use of Single Tender Actions. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

| 9.2 - Rpt ASM Internal Audit STA.pdf           | Not included |
|--|--------------|
| 9.2 - Appendix 1 - ASM STA progress report.pdf | Not included |
| 9.2 - Appendix 2 - NS Dec 2020.pdf             | Not included |
| 9.2 - Appendix 3 - NS update - April 2021.pdf  | Not included |
| 9.2 - Appendix 4 - CE & CS - Jan 2021.pdf      | Not included |
| 9.2 - Apeendix 5 - AHC Jan 2021.pdf            | Not included |
| 9.2 - Appendix 6 - ERT Feb 2021.pdf            | Not included |

## 9.3 Direct Award Contracts. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person

(including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

9.3 - Rpt DAC - STA 2020-21.pdf

9.3 - Appendix 1 - Q4 STAs.pdf

Not included

Not included

# 9.4 Update re: Fraud and Whistleblowing, (including verbal update on NRC and NFI). (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

| 9.4 - Rpt Fraud and Raising Concerns update.pdf                                | Not included |
|--|--------------|
| 9.4 - Appendix 1 - Fraud and Raising Concenrs Register.pdf                     | Not included |
| 9.4 - Appendix 2 - NIAO NFI Self appraisal checklist document.pdf              | Not included |
| 9.4 - Appendix 3 - NFI Self Appraisal Checklist Part A Summary for Members.pdf | Not included |

# 9.5 Update re: Planning Service. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

**9.5 - Planning Improvement Plan Update February 2021 (final).pdf** 

Not included

# 9.6 Update re: Cyber Security. (Attached) (Presentation to follow)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

9.6 - Rpt re Cyber Security.pdf

Not included

### 10 Internal Audit (CLOSED SESSION)

## 10.1 ASM Summary Report. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person

(including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.1 - NMDDC Summary report April 2021 to Audit Committee.pdf

Not included

# 10.2 ASM Annual Assurance Report 2020/21. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.2 - 202021 NMDDC Annual Assurance Report.pdf

Not included

# 10.3 ASM Internal Audit Report re: Risk Management. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.3 - 202021 NMDDC Risk management - final report.pdf

Not included

Not included

Not included

# 10.4 ASM Internal Audit Report re: HR Policy Review. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.4 - 202021 NMDDC - HR Policies - Final report.pdf

# 10.5 ASM Internal Audit Report re: Fuel Management. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.5 - 202021 NMDDC Fuel Management - Final report.pdf

# 10.6 ASM Internal Audit Report re: Fleet Management. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.6 - 202021 NMDDC Fleet management - Final report.pdf

Not included

#### 12.1 - App 1 Draft Performance Improvement Objectives 2021-22.pdf

Page 74

# 10.7 ASM Internal Audit Report re: Follow up of Prior Year Recommendations. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.7 - 202021 NMDDC - Follow up - Final report.pdf

# 10.8 Internal Audit Stratgey and Annual Plan. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.8 - 202122 NMDDC IA Plan - draft for AC approval.pdf

# 10.9 Review of Internal Audit contract. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

10.9 - Extension of the Internal Audit Contract.pdf

# 11 NIAO (CLOSED SESSION)

# 11.1 External Audit Strategy (Financial). (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public, may, by resolution, be excluded during this item of business.

11.1 - Cover letter Audit Strategy.pdf

11.1 - NMD Audit Strategy 2020-21 - final.pdf

12 Performance (OPEN SESSION)

# 12.1 Draft Performance Improvement Objectives. (Attached)

12.1 - AC Cover Report Performance Improvement Objectives.pdf

Not included

Not included

Not included

Not included

Not included

Page 71

| 13 Circulars (OPEN SESSION)   |                             |
|---|-----------------------------|
| <b>13.1 Consolidated Councillor Allowances. (Attached)</b><br>13.1 - Circular LG 07 2021 - Consolidated Councillor Allowances.pdf | Page 97                     |
| <b>13.2 Designation of the Local Government Auditor. (Attach</b><br>13.2 - LG 06-21 Designation of Local Government Auditor.pdf   | ned)<br>Page 101            |
| 13.3 Accounts Direction 2020-21 : NI District Councils. (Att  | t <b>ached)</b><br>Page 102 |

# Invitees

| Cllr Terry Andrews                          |
|---|
| Mr Patrick Barr                             |
| Mr Alan Beggs                               |
| Ms Kate Bingham                             |
| Cllr Patrick Brown                          |
| Cllr Robert Burgess                         |
| Cllr Pete Byrne                             |
| Mrs Dorinnia Carville                       |
| Cllr charlie casey                          |
| Cllr William Clarke                         |
| Cllr Dermot Curran                          |
| Cllr Laura Devlin                           |
| Ms Louise Dillon                            |
| Cllr Sean Doran                             |
|   |
| Cllr Cadogan Enright<br>Cllr Aoife Finnegan |
|   |
| Cllr Hugh Gallagher                         |
| Clir Mark Gibbons                           |
| Christine Hagan                             |
| Cllr Oonagh Hanlon                          |
| Cllr Glyn Hanna                             |
| Cllr Valerie Harte                          |
| Cllr Roisin Howell                          |
| Mrs Sheila Kieran                           |
| Cllr Mickey Larkin                          |
| Cllr Alan Lewis                             |
| Mr Michael Lipsett                          |
| Cllr Oonagh Magennis                        |
| Mr Conor Mallon                             |
| Cllr Gavin Malone                           |
| Cllr Cathy Mason                            |
| Mr Johnny Mc Bride                          |
| Colette McAteer                             |
| Cllr Declan McAteer                         |
| Cllr Leeanne McEvoy                         |
| Cllr Harold McKee                           |
| Patricia McKeever                           |
| Cllr Karen McKevitt                         |
| Cllr Andrew McMurray                        |
| Mr Ken Montgomery                           |
| Cllr Roisin Mularew                         |
| Cllr Declan Murphy                          |
|   |

| Cllr Barra Ó Muirí    |
|-----------------------|
| Linda O'Hare          |
| Cllr Gerry O'Hare     |
| Cllr Kathryn Owen     |
| Cllr Henry Reilly     |
| Cllr Michael Ruane    |
| Cllr Michael Savage   |
| Cllr Gareth Sharvin   |
| Ms Brona Slevin       |
| Donna Starkey         |
| Cllr Gary Stokes      |
| Sarah Taggart         |
| Cllr David Taylor     |
| Cllr Jarlath Tinnelly |
| Cllr John Trainor     |
| Central Support Unit  |
| Cllr William Walker   |
| Mrs Marie Ward        |
|                       |

## ACTION SHEET

#### AUDIT COMMITTEE MEETING

#### **TUESDAY 12 JANUARY 2021**

## (Action marked N to remain on: arising from Audit Committee Meeting - September 2020)

| Minute Ref  | Subject                                      | Decision   | Lead Officer | Actions taken/<br>Progress to date  | Remove<br>from Action<br>Sheet Y/N |
|-------------|--|--|--------------|---|------------------------------------|
| AC/057/2020 | (Action Sheet)<br>Corporate Risk<br>Register | To note that Minute No<br>AC/030/2020 regarding<br>Corporate Risk Register<br>remain on the Action Sheet<br>until such times as training<br>is provided for Members<br>regarding changes to The<br>Orange Book Management<br>of Risk – Principles and<br>Concepts. | D Carville   | Noted   |                                    |
|             |  | To note training would be<br>provided in due course<br>regarding changes to The<br>Orange Book Management<br>of Risk – Principles and<br>Concepts.   | D Carville   | Noted. Training<br>for Members in<br>Q1/Q2 2021-22,<br>based on the<br>Orange Books<br>best practice on<br>Risk Management. | Ν                                  |

| Actions: arising | from | Audit | Committee | Meeting - | – January | 2021) |
|------------------|------|-------|-----------|-----------|-----------|-------|
|                  |      |       |           |           |           |       |

| Minute Ref  | Subject                    | Decision   | Lead Officer | Actions taken/<br>Progress to date   | Remove<br>from Action<br>Sheet Y/N |
|-------------|----------------------------|--|--------------|--|------------------------------------|
| AC/004/2021 | Corporate Risk<br>Register | a) To note the Corporate<br>Risk Register.   | D Carville   | Noted  | Y                                  |
|             |                            | <ul> <li>b) The Planning<br/>Consultant report to be<br/>brought back to a<br/>meeting of the Audit<br/>Committee in due<br/>course.</li> </ul>                        |              | Noted – The<br>Planning report to<br>be reported to the<br>Audit Committee in<br>April 2021 – see<br>agenda item 9.5       | Y                                  |
|             |                            | c) ASM to include an<br>update report on Health<br>and Safety, as part of<br>their reporting on follow<br>up work, to the Audit<br>Committee Meeting in<br>April 2021. | C Hagan      | Noted - The<br>update report on<br>Health and Safety<br>to be reported to<br>the Audit<br>Committee in April<br>2021 – see | Y                                  |
|             |                            | d) Information regarding<br>progress on outstanding<br>Planning Applications<br>and historic Planning<br>Applications, to be<br>provided to Councillor<br>Casey.       | D Carville   | agenda item 10.7<br>Noted – The<br>Director of ERT to<br>prepared and<br>issued report to<br>Cllr Casey.                   | Y                                  |

|             |  | e) The current corporate<br>risk regarding IT to be<br>refocused on the<br>Corporate Risk<br>Register towards cyber<br>security risk.                      | D Carville | Noted - The<br>Corporate Risk<br>regarding IT to be<br>updated and<br>reported to the<br>Audit Committee in<br>April 2021. | Y |
|-------------|--|--|------------|--|---|
| AC/005/2021 | Prompt Payment<br>Statistics                     | To note Report dated 12 January<br>2021 from Ms K Bingham, Head<br>of Performance & Improvement,<br>regarding Prompt Payment<br>Statistics.                | K Bingham  | Noted  | Y |
| AC/006/2021 | (Closed)<br>Update re: Audit<br>Recommendations  | To note Report dated 12<br>January 2021 from Ms K<br>Bingham, Head of<br>Performance &<br>Improvement, regarding<br>an update on Audit<br>Recommendations. | K Bingham  | Noted  | Y |
| AC/007/2021 | (Closed)<br>Update re: Fraud &<br>Whistleblowing | To note Report dated 12<br>January 2021 from Ms D<br>Carville Director<br>Corporate Services<br>regarding an update on<br>Fraud & Whistleblowing.          | D Carville | Noted  | Y |

| AC/008/2021 | (Closed)<br>Direct Award<br>Contracts                                     | To note Report dated 12<br>January 2021 from Ms K<br>Bingham Head of<br>Performance &<br>Improvement regarding<br>Direct Award Contracts.  | K Bingham  | Noted  | Y |
|-------------|---|--|------------|--|---|
| AC/009/2021 | (Closed)<br>Update re: ASM<br>Investigation –<br>Single Tender<br>Actions | To note the update in<br>relation to the ASM<br>investigation into the<br>Council's use of Single<br>Tender Actions, as<br>outlined in Report dated 12<br>January 2021 from Ms D<br>Carville Director Corporate<br>Services.   | D Carville | Noted  | Y |
| AC/010/2021 | (Closed)<br>Register of Interests<br>(Elected Members)                    | To note the outstanding<br>Register of Interest form<br>has now been completed<br>and uploaded to the<br>Council website.<br>Elected Members will regularly<br>be reminded by Democratic<br>Services to review their Register<br>of Interest Forms.<br>A six-monthly Report on<br>Elected Members Register<br>of Interests will be brought | D Carville | Noted and agreed<br>that a six-monthly<br>Report on Elected<br>Members Register<br>of Interests to be<br>brought to the<br>Audit Committee<br>to ensure<br>compliance. | Ν |

|             |   | to the Audit Committee to ensure compliance.   |           |       |   |
|-------------|---|--|-----------|-------|---|
| AC/011/2021 | (Closed)<br>Overview of<br>Complaints   | To note the number and<br>profile of complaints received<br>over the reporting period and<br>note the progress made an in<br>hand, to improve complaints<br>handling, as outlined in Report<br>dated 12 January 2021 from Mr<br>G McBride Head of<br>Administration & Customer<br>Services | G McBride | Noted | Y |
| AC/012/2021 | (Closed)<br>ASM Internal Audit<br>Summary Report                                | To note ASM Internal Audit<br>Summary Report dated<br>12 January 2021.   | C Hagan   | Noted | Y |
| AC/013/2021 | (Closed)<br>ASM Internal Audit<br>Fieldwork re:<br>Accounts Payable             | To note Report dated 07 January<br>2021 from ASM Internal Audit<br>regarding Audit Fieldwork on a<br>Review of Accounts Payable.   | C Hagan   | Noted | Y |
| AC/014/2021 | (Closed)<br>ASM Internal Audit<br>Fieldwork re:<br>Capital Grants<br>Management | To note Report dated 05<br>January 2021 from ASM<br>Internal Audit regarding<br>Audit Fieldwork on Capital<br>Grants.  | C Hagan   | Noted | Y |

| AC/015/2021 | (Closed)<br>ASM Internal Audit<br>Fieldwork re:<br>Emergency<br>Planning | To note Report dated 05<br>January 2021 from ASM<br>Internal Audit regarding<br>Audit Fieldwork on<br>Emergency Planning.   | C Hagan    | Noted | Y |
|-------------|--|---|------------|-------|---|
| AC/016/2021 | (Closed)<br>NIAO<br>Report to Those<br>Charged with<br>Governance        | To note covering letter<br>dated 04 January 2021 to<br>the Chief Executive,<br>from the Northern Ireland<br>Audit Office and note<br>final report regarding<br>Newry Mourne and Down<br>District Council Financial<br>Statements for year<br>ended 31 March 2020 –<br>Report to Those Charged<br>with Governance. | B O'Neill  | Noted | Y |
| AC/017/2021 | Management<br>Attendance –<br>Central & Local<br>Government              | To note NIAO Managing<br>Attendance in Central and<br>Local Government.   | B O'Neill  | Noted | Y |
| AC/018/2021 | Local Government<br>Auditors Report<br>2020                              | To note NIAO Local<br>Government Auditor's<br>report.   | B O'Neill  | Noted | Y |
| AC/019/2021 | Update re:<br>Performance &<br>Improvement                               | To note the update in relation to current and future performance  | D Carville | Noted | Y |

|             |                         | ******   |  |
|-------------|-------------------------|--|--|
| AC/020/2021 | DfC<br>Disposal of Land | To note circular from DfC<br>Re Guidance for Councils<br>on disposal of land at less<br>than best price.                               |  |
|             |                         | management<br>arrangements as<br>outlined in Report dated<br>12 January 2021 from Ms<br>D Carville, Director of<br>Corporate Services. |  |

# Dates and proposed start times for Audit Committee meetings in 2021-22

| Date                       | Time   | Location        |
|----------------------------|--------|-----------------|
| Monday 5 July 2021         | 2.00pm | Microsoft Teams |
| Thursday 23 September 2021 | 2.00pm | Microsoft Teams |
| Tuesday 11 January 2022    | 2.00pm | Microsoft Teams |
| Friday 22 April 2022       | 2.00pm | Microsoft Teams |

All meetings will be held virtually via Microsoft Teams, in line with COVID-19 restrictions, until further notice.

Proposed start times to be agreed by the Audit Committee.

| Report to:                                  | Audit Committee                                   |
|---|---|
| Date of Meeting:                            | 22 April 2021                                     |
| Subject:                                    | Audit Committee ToR and timetable for year ahead  |
| Reporting Officer<br>(Including Job Title): | Gerard Byrne: Audit Services Manager              |
| Contact Officer<br>(Including Job Title):   | Dorinnia Carville: Director of Corporate Services |

| For d | ecision X For noting only  |  |
|-------|--|--|
| 1.0   | Purpose and Background   |  |
| 1.1   | In line with good practice, the Terms of Reference for the Audit Committee should be reviewed on a regular basis, to ensure they remain effective, reflect best practice and align with CIPFA guidance.  |  |
| 2.0   | Key issues   |  |
| 2.1   | The Audit Committee Terms of reference were scrutinised and no amendments were required as they are complaint with CIPFA best practice – see Appendix 1.   |  |
| 2.2   | The Audit Committee timetable for the 2021/22 year is laid out at Appendix 2. The timetable highlights the standing agenda reports which will be presented to the Members quarterly as well as supplementary reports which Members would expect to see each quarter.<br>The report also details who should be attending the pre-meeting of the Audit Committee each quarter. |  |
| 3.0   | Recommendations  |  |
| 3.1   | Members to approve the Audit Committee Terms of Reference and to note the timetable for the year ahead.  |  |
| 4.0   | Resource implications  |  |
| 4.1   | Not applicable   |  |
| 5.0   | Due regard to equality of opportunity and regard to good relations (complete the relevant sections)  |  |
| 5.1   | General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes  |  |

|     | It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations   | $\boxtimes$ |
|-----|---|-------------|
| 5.2 | Proposal relates to the introduction of a strategy, policy initiative or practic<br>and / or sensitive or contentious decision  | ce          |
|     | Yes 🔲 No 🖾  |             |
|     | If yes, please complete the following:  |             |
|     | The policy (strategy, policy initiative or practice and / or decision) has been equality screened   |             |
|     | The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation  |             |
| 5.3 | Proposal initiating consultation  |             |
|     | Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves |             |
|     | Consultation period will be 12 weeks  |             |
|     | Consultation period will be less than 12 weeks (rationale to be provided)   |             |
|     | Rationale:  |             |
| ~ ~ | Consultation not required.  |             |
| 6.0 | Due regard to Rural Needs (please tick all that apply)  |             |
| 6.1 | Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service  |             |
|     | Yes 🔲 No 🖾  |             |
|     | If yes, please complete the following:  |             |
|     | Rural Needs Impact Assessment completed   |             |
| 7.0 | Appendices  | 0.000       |
|     | Appendix 1 – Audit Committee Terms of Reference<br>Appendix 2 – Audit Committee timetable 2021-22   |             |
| 8.0 | Background Documents  |             |
|     | None  |             |
|     |   |             |

## AUDIT COMMITTEE

#### -TERMS OF REFERENCE-

#### Scope

- The Audit Committee ("the Committee") is a key component of Newry, Mourne and Down District Council's corporate governance arrangements. It provides an independent and high-level focus on the audit, assurance and reporting arrangements that underpin good governance and financial standards.
- 2. The purpose of the Committee is to provide independent assurance to those charged with governance on the adequacy of the risk management framework and the internal control environment. It provides independent review of the council's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.

#### Responsibilities

#### Governance, risk and control

- 3. To review the council's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.
- 4. To review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control.
- 5. To consider the council's arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.
- 6. To consider the council's framework of assurance and ensure that it adequately addresses the risks and priorities of the council.
- 7. To monitor the effective development and operation of risk management in the council.
- To approve the council's risk management strategy and monitor progress in addressing riskrelated issues reported to the Committee, including the corporate risk register and assurance information on the management of key corporate risks.
- 9. To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.
- 10. To monitor the council's fraud and whistleblowing policies and monitor the implementation of these policies, including the counter-fraud strategy, actions and resources.
- To be advised of the Council's structures, processes, systems and related arrangements for performance management.

#### Internal audit

- 12. To review proposals made in relation to the appointment of external providers of internal audit services and to make recommendations.
- To approve the risk-based internal audit plan, including internal audit's resource requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.
- 14. To approve significant interim changes to the risk-based internal audit plan and resource requirements.
- 15. To make appropriate enquiries of both management and the Internal Auditor to determine if there are any inappropriate scope or resource limitations.
- 16. To consider the Internal Audit annual report.

17. To consider summaries of all internal audit reports on the Internal Audit plan.

#### External audit

- 18. To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.
- 19. To consider specific reports as agreed with the external auditor.

#### Financial reporting

20. To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the council.

### Membership

21. The Committee is comprised of ten (10) Elected Members appointed to the Committee at the Council's Annual Meeting, plus one independent suitably qualified person, who will be recruited for the 4 year term of Council.

#### Quorum

22. No business shall be transacted unless at least four (4) Members are present.

#### Chairperson

23. The Chairperson shall be the independent member of the Committee and they shall serve as Chairperson for the four year term of the Committee. The Head of Internal Audit and the representative from external audit will have free and confidential access to the Chair of the Committee.

#### Meetings

- 24. The frequency of the meetings will be driven by the scale and nature of the business with the Committee meeting at least four times per year to enable it to discharge its duties adequately and effectively. The Chair of the Audit Committee may convene additional meetings, as they deem necessary.
- 25. All meetings of the Committee will be governed by the Councils Standing Orders and the Northern Ireland Code of Conduct for Councillors.
- 26. The Chief Executive, Director of Corporate Services and the Audit Services Manager will attend all meetings. Internal and External Audit will also be in attendance. The committee may also ask any other officials of the Council to attend to assist it with its discussion on any particular matter.

### **Communication and Reporting**

27. The Committee will provide the Council and the Chief Executive with an Annual Report, timed to support the finalisation of the Annual Statement of Accounts, summarising its conclusions from the work it has done during the year.

- 28. The Committee will report to those charged with governance on the committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks, financial reporting arrangements, and internal and external audit functions.
- 29. The minutes of the Committee will be reported at a meeting of Council by the Director of Corporate Services or, in their absence, by an alternative official (of Council).

#### **Declarations of Interest**

30. A Declaration of Interests Register will be kept for all Committee Members. Each member should take personal responsibility to declare proactively any potential conflict of interest arising out of business undertaken by the Council.

#### AUDIT COMMITTEE TIMETABLE 2021/22

#### At each Audit Committee the following standing agenda reports will be presented to Members:

- Corporate Risk Register
- Prompt Payment Statistics
- Direct Award Contracts
- Update on Audit Recommendations
- Fraud and Raising Concerns Update
- Internal Audit summary report detailing reviews completed in that quarter and progress against the plan
- Update on Performance Improvement Plan
- Review of Circulars/NIAO Publications

The table below illustrates who should be attending pre-meeting of the Audit Committee and which reports we would typically expect to see at each Audit Committee meeting supplementing the standing agenda items listed above.

| MEETING DATE  | AGENDA   |
|---|--|
| April<br>Pre-meeting:<br>-Chairperson<br>-Members<br>-Internal Audit<br>-External Audit         | <ul> <li>Proposed dates and times of Meetings for upcoming year</li> <li>Review of Audit Committee Terms of Reference and<br/>timetable for the year</li> <li>Internal Audit Follow up of the Prior Year<br/>Recommendations</li> <li>Internal Audit Strategy &amp; Annual plan</li> <li>Internal Audit Annual assurance rating</li> <li>Annual Review of Internal Audit and consideration of<br/>contract</li> <li>External Audit Strategy (Financial)</li> <li>Audit Committee self-assessment</li> <li>Assessment of Audit Committee Chairperson's Performance</li> <li>Draft Performance Improvement Objectives</li> </ul> |
| July<br>Pre-meeting:<br>-Chairman<br>-Members   | <ul> <li>Audit Committee Annual Report</li> <li>NMDDC Assurance Framework and Code of Governance</li> <li>Unaudited Financial Statements (including Annual<br/>Governance Statement)</li> <li>NIAO Performance Improvement Audit Strategy</li> </ul>   |
| September<br>Pre-meeting:<br>- Chairperson<br>- Members<br>- Internal Audit<br>- External Audit | <ul> <li>Recommend Approval of Audited Financial Statements</li> <li>Draft Report to those Charged with Governance (RTTCWG)</li> <li>Annual Assessment of Performance</li> </ul>   |

| December / January                       | <ul> <li>Final Report to those Charged with Governance (RTTCWG) –<br/>Financial</li> </ul>                    | 15 |
|--|---|----|
| Pre-meeting:<br>-Chairperson<br>-Members | <ul> <li>Annual Audit Letter from NIAO</li> <li>NIAO S95 Report on the annual Audit of Performance</li> </ul> |    |

| Report to:                                  | Audit Committee                                      |  |
|---|--|--|
| Date of Meeting:                            | Thursday 22 April 2021                               |  |
| Subject:                                    | Audit Committee Self Assessment 2020/2021            |  |
| Reporting Officer<br>(Including Job Title): | Ms Brona Slevin Independent Chair of Audit Committee |  |
| Contact Officer<br>(Including Job Title):   | Ms Brona Slevin Independent Chair of Audit Committee |  |

| Decisions r | Decisions required:  |  |  |
|-------------|--|--|--|
| For decis   | sion.  |  |  |
| Members     | s are asked to consider and approve the contents of this Report.   |  |  |
|             |  |  |  |
| 1.0         | Purpose and Background:  |  |  |
|             | Similar to previous years, the Chair has completed a self assessment exercise of<br>the effectiveness of the Audit Committee on behalf of Elected Members, this year<br>using the National Audit Office Self-Assessment Checklist (November 2017). The<br>NAO checklist is the benchmark for best practice.  |  |  |
|             | The Chair circulated the draft questionnaire to Members for comment in March 2021.   |  |  |
|             | Attached for consideration and approval is a completed final self-assessment checklist.  |  |  |
|             | Members can take reassurance from the number of good practice questions that have been answered `yes' demonstrating that the Audit Committee is operating effectively.   |  |  |
|             | Due to Covid 19 this has been a very difficult year, however, despite this, the work<br>of the Audit Committee was miminally affected with ongoing audit work being<br>completed and only one Audit Committee meeting not taking place, ie, in April<br>2020. The reports and business relating to the April 2020 meeting were dealt with<br>at the following meeting in July 2020. The Internal Audit Plan was revised to take<br>account of restrictions and was delivered in the main. It is with great appreciation<br>to both Internal and External Audit along with all of the officers and Elected<br>Members involved that the Audit Committee has been able to continue to deliver<br>in an effective manner. |  |  |
|             |  |  |  |

| 2.0 | Key issues:   |  |  |  |
|-----|---|--|--|--|
| 2.1 | Having completed the self-assessment checklist, the following recommendations to<br>build effectiveness are tabled for consideration:<br><b>Principle 2:</b> Skills   |  |  |  |
|     |   |  |  |  |
|     | (a) Political parties to be asked to give consideration to appointing Elected<br>Members for a term greater than one year where possible which will enable<br>knowledge and skills to be built up in this area. Generally there is little change in<br>the Audit Committee make up which shows the Council is committed to keeping<br>the experience and knowledge of Members on the Audit Committee. |  |  |  |
|     | (b) training for all members of the Audit Committee to be progressed  |  |  |  |
|     | Principle 3 and 4: The role and scope of the Committee  |  |  |  |
|     | It should be noted that under this heading, that due to the Corona Virus pandemic<br>there were unavoidable delays in presenting some items to the Audit Committee.   |  |  |  |
|     | <ul><li>(c) the Audit Committee's Terms of Reference is approved by the Audit Committee annually. This was completed in July 2020.</li><li>(d) another report on Cyber Security was presented to the Audit Committee in April 2021.</li></ul>   |  |  |  |
|     |   |  |  |  |
|     | Principle 5: Communication and Reporting  |  |  |  |
|     | (e) Officers to strive to ensure Internal Audit reports are completed and reported<br>on a timely basis to the Audit Committee.   |  |  |  |
|     | (f) Officers to strive to ensure that all papers are provided on a timely basis to<br>Democratic Services so that papers are issued in compliance with standing orders<br>so that Members have sufficient time to review them.  |  |  |  |
| 3.0 | Recommendations:  |  |  |  |
| 3.1 | Members are asked to approve the contents of this Report.   |  |  |  |
| 4.0 | Resource implications:  |  |  |  |
| 4.1 | None  |  |  |  |

| 5.0 | Equality and good relations implications:   |  |
|-----|---|--|
| 5.1 | None  |  |
| 6.0 | Appendices                                  |  |
|     | Completed Self-Assessment Checklist 2020/21 |  |

# Audit and Risk Assurance Committee Effectiveness Checklist



### Introduction

1 Audit and Risk Assurance Committees play a crucial role in supporting the effective governance of central government departments, their agencies and their arm's-length bodies. The main source of guidance for public sector Audit and Risk Assurance Committees is HM Treasury's <u>Audit and Risk Assurance Committee</u> <u>Handbook. Corporate Governance in central government</u> <u>departments: Code of Practice 2011</u> specifies that Audit and Risk Assurance Committees should be established in all central government bodies and that they should function in accordance with HM Treasury's <u>Audit and Risk Assurance Committees Should Bestablished in all central government bodies and that they should function in accordance with HM Treasury's Audit and Risk Assurance Committees Handbook.</u>

2 An effective Audit and Risk Assurance Committee is plays a pivotal role in ensuring that organisations function according to good governance, apply appropriate accounting and auditing standards, and adopt appropriate risk management arrangements. A well functioning Audit and Risk Assurance Committee has the ability to:

- understand the role and activities of the Board;
- discuss with the Board policies and attitudes towards risk and ensure that management act within these parameters;
- critically challenge and review risk registers to provide assurance that the arrangements in place are working within the organisation;
- understand the risk management framework and the respective assignment of responsibilities;
- assume good communications and relationships with both those it seeks briefings from and those it provides assurance to; and
- contribute to the delivery of results and add value to the organisation.

## Audit and Risk Assurance Committee Effectiveness

3 In line with good practice, Audit and Risk Assurance Committees should assess their effectiveness annually. A variety of assessment tools exist, from facilitated workshops to short questionnaires. Core principles from HM Treasury's *Audit and Risk Assurance Committee Handbook*, and common themes and good practice we have seen through our range of work with Audit and Risk Assurance Committees across central government, have been condensed to generate a series of prompts that Committees can use to help assess their effectiveness. This checklist can be used as a standalone exercise to consider effectiveness or in conjunction with other methods of assessment.

#### How to use this effectiveness tool

4 This short checklist condenses the core good practice principles of HM Treasury's *Audit and Risk Assurance Committee Handbook*. Committee members and other regular attendees should consider whether the Committee meets the detailed good practice question – "yes" (or adequately for the entity), "no", or "comment". As well as providing an opportunity to comment on an issue, the last of these categories could indicate uncertainty, that there is room to enhance practice in this area, or that the practice is not relevant. As an aide memoire, there is also space to note issues and actions identified at the end of each section.

5 Audit and Risk Assurance Committee members and their committee secretaries will, of course, need to ensure that they are familiar with the full requirements of the Handbook, and that they operate in accordance with them.

David Aldous National Audit Office 2017

# **Principle 1**

# Membership, independence, objectivity and understanding

"The Audit and Risk Assurance Committee should be independent and objective; in addition each member should have a good understanding of the objectives and priorities of the organisation and of their role as an Audit and Risk Assurance Committee member."

Back to Agenda

| Q | uestion/Checklist  | Y/N                                 | Comments  |
|---|--|-------------------------------------|---|
| 1 | Do we have a minimum of three<br>members, all non-executive, at least<br>two of whom, including the ARAC Chair,<br>are non-executive board members?  | O <sup>yes</sup><br>O <sup>No</sup> | Not applicable to Local Authorities. The Chair is an Independent<br>Member and the remaining membership consists of Elected Members.  |
| 2 | Do the Accounting Officer, Director of<br>Finance, the Head of Internal Audit and<br>the External Auditor routinely attend<br>ARAC meetings?   | Ves<br>ONo                          | The Chief Executive who is the Accounting Officer, the Director of<br>Corporate Services, Internal Audit Contractor Manager and NIAO attend<br>all meetings.  |
| 3 | Are we satisfied with the range,<br>frequency and numbers of executives<br>and other participants attending the<br>ARAC meeting? (Numbers of attendees<br>should be sufficient to deal adequately<br>with the agenda, but not so many as<br>to blur the issues).   | Ves<br>ONo                          | Yes, in addition to 2 above, the Assistant Director of Finance and Audit<br>Services Manager would attend all meetings and Heads of Service and<br>Directors attend by request.   |
| 4 | Is our relationship and communication<br>with the Departmental ARAC effective<br>(or, in the case of a Departmental ARAC,<br>its relationship and communications<br>with its group ARACs), particularly<br>in support of the Departmental<br>Governance Statement? | O <sup>Yes</sup><br>O <sup>No</sup> | Not applicable to Local Authorities.  |
| 5 | Does a representative of our<br>Sponsor Department (or, in the<br>case of a Departmental ARAC, a<br>representative of its ALBs) attend<br>our ARAC, where appropriate?   | O <sup>Yes</sup><br>O <sup>No</sup> | Not applicable to Local Authorities.  |
| 6 | Are conflicts recorded and declared<br>at the start of every meeting, and is<br>appropriate action taken when relevant<br>matters are discussed?   | Ves<br>ONo                          | Elected Members and the Independent Chair must complete a Register<br>of Interests. Conflicts are recorded and declared at start of every<br>meeting and appropriate action taken when relevant matters are<br>discussed.           |
| 7 | Do we have a clear understanding of our<br>terms of appointment, including what<br>is expected of us, how our individual<br>performance will be appraised, the<br>duration of our appointment, training<br>required and how this will be provided?                 | O <sup>Yes</sup><br>O <sup>No</sup> | Not applicable to Local Authorities. The Independent Chair is externally recruited and is appointed for a term of four years. The Chair's performance is appraised on an annual basis by the Chief Executive and an Elected Member. |

#### Conclusion

| Are we<br>performing<br>effectively in<br>this area?                          | Yes |
|---|-----|
| Are there any<br>actions we<br>want to take<br>to build our<br>effectiveness? | No  |

# Agenda 6.0 / NAO Self\_Assessment\_Checklist 2020-21.pdf

# **Principle 2**

Skills

"The Audit and Risk Assurance Committee should corporately own an appropriate skills mix to allow it to carry out its overall function."

21

Back to Agenda

| we have the range of skills we need to ensure that the Accounting Officer and the Board gain the assurance they need on governance, risk management, the control environment and on the integrity of all elements of the Annual Report and Accounts?       supported by the Elected Members on the Committee.         P Do we possess the wider skills necessary to be fully effective (eg in relation to the core business of the organisation, change management, digital strategy, the wider political landscape and other strategically relevant financial experience sufficient to allow them to competently analyse the financial statements and understand good financial management discipline?       Yes         11 Where we need additional skills are we empowered to co-opt additional members or procure specialist advice?       Yes         12 Do we have effective induction       Yes   | Question/Checklist  | Y/N        | Comments   |  |  |
|--|---|------------|--|--|--|
| necessary to be fully effective (eg in relation to the core business of the organisation, change management, digital strategy, the wider political landscape and other strategically relevant issues)?       Image: Constraint of the core business of the organisation, change management, digital strategy, the wider political landscape and other strategically relevant issues)?         10       Does at least one member have recent and relevant financial experience sufficient to allow them to competently analyse the financial statements and understand good financial management discipline?       The Independent Chair is a qualified accountant with relevant financial statements and understand good financial members or procure specialist advice?         11       Where we need additional skills are we enpowered to co-opt additional members or procure specialist advice?       Yes         12       Do we have effective induction and training arrangements for new members and does the ARAC Chair ensures that effective training arrangements in place. New Members when appointed receive one to one induction training with the members and one ster ARAC Chair ensures that all members have an appropriate programme of engagement with the organisation to help build sufficient understanding?       The Chair ensures that effective training arrangements in place. New Members when appointed receive one to one induction training with the motion of the point of the point of the point of the point of the provide to Members, however, due to Covid 19, this was not feasible in this year. Training is being planned for 2021/22.  | we have the range of skills we need<br>to ensure that the Accounting Officer<br>and the Board gain the assurance they<br>need on governance, risk management,<br>the control environment and on<br>the integrity of all elements of the | Ň          |  |  |  |
| and relevant financial experience       experience at a senior level.         sufficient to allow them to competently<br>analyse the financial statements<br>and understand good financial<br>management discipline?       experience at a senior level.         11       Where we need additional skills are<br>we empowered to co-opt additional<br>members or procure specialist advice?       Image: Second Se | necessary to be fully effective (eg in<br>relation to the core business of the<br>organisation, change management,<br>digital strategy, the wider political<br>landscape and other strategically  | Ves<br>No  | Yes  |  |  |
| we empowered to co-opt additional<br>members or procure specialist advice?<br>12 Do we have effective induction<br>and training arrangements for new<br>members and does the ARAC Chair<br>ensure that all members have an<br>appropriate programme of engagement<br>with the organisation to help build<br>sufficient understanding?  | sufficient to allow them to competently<br>analyse the financial statements<br>and understand good financial  | Ves<br>ONo |  |  |  |
| and training arrangements for new members and does the ARAC Chair ensure that all members have an appropriate programme of engagement with the organisation to help build sufficient understanding?  |   | Ves<br>No  | Yes  |  |  |
| Conclusion   | members and does the ARAC Chair<br>ensure that all members have an<br>appropriate programme of engagement<br>with the organisation to help build  | Ň          | Members when appointed receive one to one induction training with the Director of Corporate Services and the Audit Services Manager.<br>Normally, Audit Committee training is provided to Members, however, due to Covid 19, this was not feasible in this year. Training is being |  |  |
|  | Conclusion  |            |  |  |  |

| performing<br>effectively in<br>this area?                                    |  |
|---|--|
| Are there any<br>actions we<br>want to take<br>to build our<br>effectiveness? | <ul> <li>Political Parties to give consideration to appointing Elected Members for a term greater than one year where possible to build up knowledge.</li> <li>Training for all Members of the Audit Committee is to be progressed.</li> </ul> |

# Principle 3 and 4

have identified a risk or control issue

which is not subject to sufficient review?

The role and scope of the Committee

"The Audit and Risk Assurance Committee should support the Board and the Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report."

"The scope of the Audit and Risk Assurance Committee's work should be defined in its terms of reference and should encompass all the assurance needs of the Board and Accounting Officer. Within this the Audit and Risk Assurance Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor and financial management and reporting issues."

| Question/Checklist   | Y/N         | Comments  |
|--|-------------|---|
| 13 Do we, have a clear understanding<br>of the role and responsibilities of the<br>ARAC?   | Ves<br>No   | The Audit Committee has an agreed terms of reference which clearly defines its role and responsibilities.   |
| 14 Does our work programme cover the<br>assurance needs of the Board and<br>Accounting Officer through a balance of<br>agenda items?   | Ves<br>No   | The Audit Committee has developed a work programme which is reviewed annually to ensure it covers the assurance needs of Council.   |
| 15 Do we provide insight and strong,<br>constructive challenge to the organisation<br>(including within the Departmental family/<br>group) where required?   | Ves<br>No   | The Audit Committee is effective in providing insight and constructive challenge.   |
| 16 Do we have sufficient understanding<br>of the organisation's overall control<br>environment, including its governance<br>and any outsourcing arrangements,<br>and review its effectiveness regularly to<br>provide assurance that arrangements<br>are responding to risks within the<br>organisation? | Ves<br>No   | The Audit Committee has a good understanding of the Council's overall control environment which is informed by the independent audit work carried out by internal audit and NIAO.   |
| 17 Do we use assurance mapping to<br>target the areas of greatest risk in<br>our organisation (including within the<br>Departmental family/group)?   | Ves<br>No   | Assurance Mapping has been completed and is used when developing the Audit Plan.  |
| 18 Do we critically review the<br>comprehensiveness and reliability of<br>assurances that we receive from across<br>the organisation?  | O Yes<br>No | The Audit Committee receives comprehensive risk based internal audit<br>reports per approved Internal Audit Annual Plan. The Committee places<br>strong emphasis on the independent work of internal audit and external<br>audit and where necessary will invite Heads of Services and Directors to<br>attend to update members on implementation of audit recommendations. |
| 19 Are we proactive in commissioning<br>additional assurance work where we   | • Yes       | Members consider the Corporate Risk Register at each meeting and reviews the adequacy and timeliness of mitigating controls and actions in  |

place.

No

# Principle 3 and 4 continued

# The role and scope of the Committee

|   | 8  | 18 | - | р. |
|---|----|----|---|----|
|   | ۳. | 4  |   | 1  |
| 7 | 4  |    | - | р. |
|   | _  |    |   | ۳. |

| Question/Checklist   | Y/N                    | Comments  |
|--|------------------------|---|
| 20 Do we draw the Accounting Officer's<br>and the Board's attention to the results<br>of our work on risk?   | Ves<br>No              | The Corporate Risk Register is a standing item on the Audit Committee's<br>Agenda and the Accounting Officer attends all meetings. The Minutes of<br>the Audit Committee are reported to Full Council.  |
| 21 Do we lead on the assessment of the<br>annual Governance Statement for<br>the Accounting Officer and Board,<br>including the provision of advice on its<br>preparation and scope?   | Ves<br>No              | The Audit Committee leads on the assessment of the Annual Governance Statement.   |
| 22 Do we give sufficient and timely<br>attention to financial management<br>and reporting issues, including the<br>consideration of key accounting<br>policies, estimates and judgements<br>and the quality of the year-end<br>financial statements? | Ves<br>No              | Yes   |
| 23 Do we sufficiently consider and<br>challenge the work of internal audit and<br>external audit?  | Ves<br>O <sup>No</sup> | Yes   |
| 24 Do we track all audit recommendations<br>(internal and external, including any<br>arising from the NAO's VFM work) and<br>hold the organisation to account for<br>their implementation?   | Yes<br>No              | Standing agenda item reported by the Audit Services Manager. Internal<br>Audit do a year end follow up review of their recommendations. NIAO<br>follow up on their Priority 1 recommendations annually. |
| 25 Do we regularly review anti-fraud<br>and corruption arrangements?   |                        | Standing agenda item.   |

# Principle 3 and 4 continued

# The role and scope of the Committee

| c        |   |   | 7  | Т |
|----------|---|---|----|---|
| 2        | 4 | 7 | 2  | 4 |
| <u> </u> |   |   | ١. | 4 |

| Question/Checklist   | Y/N                                 | Comments  |
|--|-------------------------------------|---|
| 26 Do we regularly review the<br>organisation's cyber risk management<br>and consider the appropriateness of the<br>organisation's risk mitigation strategies?                 | Ves<br>ONo                          | Cyber risk management is part of the developing ICT Strategy. A report<br>on Cyber Security was presented to the Audit Committee in July 2020.  |
| 27 Do we regularly review the<br>organisation's response to the <u>Cabinet</u><br><u>Office's Counter-Fraud Standards</u><br>and consider the sufficiency of<br>this response? | O <sub>Yes</sub><br>O <sub>No</sub> | Not applicable. Local Authorities comply with the CIPFA Code of<br>Practice on Managing the Risks of Fraud and Corruption.  |
| 28 Do we ensure that a senior board<br>member has overall responsibility for<br>whistleblowing arrangements within the<br>organisation?  | Ves<br>ONo                          | Director of Corporate Services has overall responsibility for whistleblowing arrangements within Council.   |
| 29 Do we regularly review our Terms of<br>Reference to ensure they are consistent<br>with the model Terms of Reference<br>provided in HMT's ARAC Handbook?                     | ONO<br>No                           | The Audit Committee Terms of Reference are reviewed annually based<br>on the CIPFA Audit Handbook and HM Treasury Handbook 2016. The<br>Independent Chair provides assurance annually that the Committee's<br>terms of reference covers the scope of the work of the Audit Committee<br>and encompasses all the assurance needs required. |

| Are we<br>performing<br>effectively in<br>this area?                          | Yes  |
|---|--|
| Are there any<br>actions we<br>want to take<br>to build our<br>effectiveness? | <ul> <li>Political Parties to give consideration to appointing Elected Members for a term greater than one year where possible to build up knowledge.</li> <li>Training for all Members of the Audit Committee is to be progressed.</li> </ul> |

# Communication and reporting

"The Audit and Risk Assurance Committee should ensure it has effective communication with all key stakeholders, for example, the Board, the Group Chief Internal Auditor, Head of Internal Audit, the External Auditor, the Risk Manager and other relevant assurance providers."

25

Back to Agenda

| Question/Checklist   | Y/N                                 | Comments   |
|--|-------------------------------------|--|
| 30 Is our work effectively and promptly<br>reported to the Board and Accounting<br>Officer after each meeting and are<br>these reports copied to the Head of<br>Internal Audit and the External Auditor?   | Ves<br>No                           | Minutes are reported to Full Council. Internal Audit and External Audit have access to all minutes.  |
| 31 Are our relationships and<br>communications sufficiently well<br>developed with those we seek<br>briefings from and those we provide<br>assurance to, including where risks<br>cross organisational boundaries?   | Ves<br>No                           | Not applicable to Local Authorities.   |
| 32 Do we provide an Annual Report<br>to the Board, timed to support the<br>Governance Statement; is our report<br>open and honest in presenting our<br>views and opinions from the work we<br>have done during the year; and, is its<br>content consistent with good practice? | Yes<br>No                           | An Annual Report is prepared by the Independent Chair for Audit<br>Committee approval and is timed to support the Governance Statement                               |
| 33 Does the ARAC Chair have regular<br>bilaterals with the key attendees<br>(eg the Accounting Officer, Director<br>of Finance, the Head of Internal Audit<br>and the External Auditor)?   | Ves<br>No                           | The Independent Chair meets regularly with all the key attendees and<br>Committee members meet bilaterally with Internal Audit and NIAO<br>without officers present. |
| 34 Where appropriate, do we<br>communicate our work across<br>the departmental group?  | O <sup>Yes</sup><br>O <sup>No</sup> | Not applicable to Local Authorities.   |
| Conclusion   |                                     |  |
| Are we Yes<br>performing<br>effectively in<br>this area?   |                                     |  |

Are there any actions we want to take to build our effectiveness?

To ensure that Internal Audit reports are completed and timely reported to Audit Committee.
Officers to strive to ensure that all papers are provided on a timely basis to Democratic Services so that papers are issued in compliance with Standing Orders so that Members have sufficient time to review.

| Report to:                                  | Audit Committee                                   |
|---|---|
| Date of Meeting:                            | 22 April 2021                                     |
| Subject:                                    | Assessment of Chairperson's Performance           |
| Reporting Officer<br>(Including Job Title): | Dorinnia Carville: Director of Corporate Services |
| Contact Officer<br>(Including Job Title):   | Marie Ward: Chief Executive                       |

| For d | lecision For noting only X  |  |  |
|-------|---|--|--|
| 1.0   | Purpose and Background  |  |  |
| 1.1   | Councillor Byrne and the Chief Executive reviewed the performance of the Chairperson using the agreed National Audit Office best practice checklist on the 12 April 2021.   |  |  |
|       | On the 20 April 2021, the Chief Executive and Director of Corporate Services had a meeting with the Chairperson to provide her with feedback on her performance arising from the completed assessment and to thank Mrs Slevin her for her services to date.   |  |  |
| 2.0   | Key issues  |  |  |
| 2.1   | It was agreed that Mrs Slevin has demonstrated performance aligned to best practice in carrying out the role of independent Chair of the Newry, Mourne and Down District Counce Audit Committee. It was also agreed that Mrs Slevin has carried out the role of Chairperson very effectively, encouraging full and open discussion at all Audit Committee meetings. |  |  |
| 3.0   | Recommendations   |  |  |
| 3.1   | To note:     The assessment of the Chairperson's performance  |  |  |
| 4.0   | Resource implications   |  |  |
| 4.1   | There are no resource implications.   |  |  |
| 5.0   | Due regard to equality of opportunity and regard to good relations (complete the relevant sections)   |  |  |
| 5.1   | General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes   |  |  |
|       | It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations   |  |  |

|     | _ |
|-----|---|
| L)) |   |
| 4   |   |
| _   |   |

| 5.2 | Proposal relates to the introduction of a strategy, policy initiative or practice<br>and / or sensitive or contentious decision              |  |  |
|-----|--|--|--|
|     | Yes 🗌 No 🖾   |  |  |
|     | If yes, please complete the following:   |  |  |
|     | The policy (strategy, policy initiative or practice and / or decision) has been equality screened  |  |  |
|     | The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation         |  |  |
| 5.3 | Proposal initiating consultation   |  |  |
|     | Consultation will seek the views of those directly affected by the proposal, address   |  |  |
|     | barriers for particular Section 75 equality categories to participate and allow<br>adequate time for groups to consult amongst themselves    |  |  |
|     | Consultation period will be 12 weeks   |  |  |
|     | Consultation period will be less than 12 weeks (rationale to be provided)  |  |  |
|     | Rationale:<br>Consultation not required.   |  |  |
| 6.0 | Due regard to Rural Needs (please tick all that apply)   |  |  |
| 6.1 | Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service |  |  |
|     | Yes 🔲 No 🖾   |  |  |
|     | If yes, please complete the following:   |  |  |
|     | Rural Needs Impact Assessment completed  |  |  |
| 7.0 | Appendices   |  |  |
|     | Appendix 1: Completed Checklist (approved by Cllr Pete Byrne and Marie Ward)   |  |  |
| 8.0 | Background Documents   |  |  |
|     | None   |  |  |

| Report to:                                  | Audit Committee                                  |
|---|--|
| Date of Meeting:                            | 22 April 2021                                    |
| Subject:                                    | Corporate Risk Register                          |
| Reporting Officer<br>(Including Job Title): | Dorinnia Carville – Director: Corporate Services |
| Contact Officer<br>(Including Job Title):   | Gerard Byrne – Audit Services Manager            |

| For d | ecision For noting only X  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|
| 1.0   | Purpose and Background   |  |  |  |  |  |  |
| 1.1   | The Corporate Risk Register was reviewed and updated by the SMT on 1 April 2021.<br>Completed Assurance Statements for Q3 2020-21 and have been used to inform and<br>update the content of the Corporate Risk Register. Where relevant, Officers have also<br>provided updates in relation to specific controls and action plans.   |  |  |  |  |  |  |
| 2.0   | Key issues   |  |  |  |  |  |  |
| 2.1   | <ul> <li>Corporate Risk Register The Council has identified 14 corporate risks, 3 of which are red and 11 of which are amber. Appendix 1 provides an overview of each risk, risk owner(s), gross and residual risk scores, as well as a summary of changes and updates which have been made to the Corporate Risk Register since January 2021. The SMT has revised the residual scores for a number of corporate risks to take into account the progress made by the Council in reacting to major incidents and delivering th economic development programme to support the economic recovery of the District. The SMT has also proposed that: <ul> <li>Corporate risk 10 (Accidents/injuries may occur if health and safety of service user and staff is not considered, with a focus on Fire Risk Assessments) is incorporated into corporate risk 3 (Non-compliance with legislative requirements) due to the progress made in relation to both risks. </li> <li>Corporate risk 11 is amended and updated as follows, removing the reference to COVID-19: Failure to adequately manage sickness absence resulting in delays and an inability to deliver Council services. <ul> <li>Corporate risk 14 is a new risk which has been included in relation to Cyber Security, as agreed by the Audit Committee in January 2021. The corporate risk in relation to T Services supporting the statutory, strategic or operational requirements of the Council (previously CR06) is now being held at within the Corporate Services Directorate risk register as agreed at the January 2021</li> </ul></li></ul></li></ul> |  |  |  |  |  |  |

| The updated Corporate Risk Register is attached at Appendix 2.   |
|--|
| <b>Directorate Risk Registers</b><br>Directorate Risk Registers were reviewed and updated during Q3 2020-21. Directorate<br>Risk Registers are reviewed to strengthen the alignment with the Corporate Risk Register<br>and ensure they take account of key, emerging issues, including COVID-19 and Brexit.<br>The alignment between Directorate Risk Registers and Directorate Business Plans will also<br>be strengthened during 2021-22. |
| Internal Audit – Risk Management<br>ASM carried out an internal audit of risk management in February 2021 and provided a<br>satisfactory assurance rating. A number of recommendations have been agreed, which<br>focus on:  |
| <ul> <li>Updating the Risk Management Policy and articulating the risk appetite of the organisation;</li> <li>Providing risk management training for Elected Members and Officers;</li> </ul>  |
| <ul> <li>Reviewing and updating Directorate Risk Registers on a quarterly basis and<br/>summarising the key findings for SMT and Elected Members; and</li> <li>Strengthening the alignment between Directorate Risk Registers and Directorate<br/>Business Plans.</li> </ul>   |
| The revised Risk Management Policy and risk appetite of Council will be presented to<br>Members at the July 2021 Committee for approval. Once approved, training for Members<br>will be organised.   |
| Recommendations  |
| To note the Corporate Risk Register summary as outlined in Appendix 2 and the Corporate Risk Register at Appendix 3.   |
| Resource implications  |
| There are no resource implications.  |
| Due regard to equality of opportunity and regard to good relations (complete the relevant sections)  |
| General proposal with no clearly defined impact upon, or connection to, specific<br>equality and good relations outcomes   |
| It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations  |
| Proposal relates to the introduction of a strategy, policy initiative or practice  |
| and / or sensitive or contentious decision   |
| and / or sensitive or contentious decision       Yes     No  |
|  |

|     | The policy (strategy, policy initiative or practice and / or decision) has been equality screened   |  |
|-----|---|--|
|     | The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation  |  |
| 5.3 | Proposal initiating consultation  |  |
|     | Consultation will seek the views of those directly affected by the proposal, address<br>barriers for particular Section 75 equality categories to participate and allow<br>adequate time for groups to consult amongst themselves |  |
|     | Consultation period will be 12 weeks  |  |
|     | Consultation period will be less than 12 weeks (rationale to be provided)   |  |
|     | Rationale:<br>Consultation not required.  |  |
| 6.0 | Due regard to Rural Needs (please tick all that apply)  |  |
| 6.1 | Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service  |  |
|     | If yes, please complete the following:  |  |
|     | Rural Needs Impact Assessment completed   |  |
| 7.0 | Appendices  |  |
|     | Appendix 1: Cover Sheet – Corporate Risk Register   |  |
|     | Appendix 2: Corporate Risk Register – April 2021  |  |
| 8.0 | Background Documents  |  |
|     | None  |  |

#### NMDDC Corporate Risk Register Cover Sheet - April 2021

| Risk              | Description  | Risk Owner(s)  | Gross Risk<br>Score | Residual<br>Risk Score | Revised<br>Residual<br>Risk Score | Comments  |
|-------------------|--|--|---------------------|------------------------|-----------------------------------|---|
| CR01              | Failure to deliver the capital investment programme for the<br>District  | Dorinnia Carville<br>Michael Lipsett<br>Conor Mallon   | 25                  | 15                     | 15                                | No change. Additional Risk Owner included. Actions updated.   |
| CR02              | Breach of legislation/legislative challenge in relation to the<br>procurement of goods and services and works  | Dorinnia Carville                                      | 20                  | 20                     | 20                                | No change. Actions updated.   |
| CR03              | Non-compliance with legislative requirements   | Dorinnia Carville<br>Michael Lipsett<br>Johnny McBride | 25                  | 15                     | 15                                | Proposal: To incorporate CR11 as sufficient progress has been made in<br>relation to both risks.  |
| CR04              | Failure to effectively manage waste  | Johnny McBride   | 25                  | 20                     | 20                                | No change. Actions updated.   |
| CR05              | Failure to provide timely planning decisions   | Conor Mallon   | 25                  | 20                     | 20                                | No change. Actions updated.   |
| Removed ·<br>CR06 | IT Services to support the Statutory, Strategic or<br>Operational requirements of the Council  | Dorinnia Carville                                      | 25                  | 12                     | 12                                | RISK REMOVED: To be removed from the CRR and held at the CS Directorate<br>Risk Register level.   |
| CR06              | Failure to adequately plan for the future and deliver<br>efficiencies and improvement  | Marie Ward<br>Dorinnia Carville                        | 20                  | 12                     | 12                                | No change. Actions updated.   |
| CR07              | Failure to adequately react to a major incident which would<br>minimise any negative consequences/impact   | Dorinnia Carville                                      | 25                  | 20                     | 12                                | Residual score revised to take account of the Council's response to a number<br>of incidents over the past year. Actions updated.   |
| CR08              | Failure to implement an economic development<br>programme to regenerate the district and attract inward<br>investment due to financial uncertainties caused by the<br>current economic and political climate   | Marie Ward Conor<br>Mallon                             | 20                  | 20                     | 16                                | Residual score revised to take account of the Council's economic<br>development programme. Actions updated.   |
| CR09              | Lack of standardised T&Cs of employment leading to the<br>failure to transform services and could impact on current<br>service delivery.   | Marie Ward<br>Dorinnia Carville                        | 20                  | 12                     | 12                                | No change. Controls and actions updated.  |
| CR10              | Accidents/injuries may occur if health and safety of service<br>users and staff is not considered, with a focus on Fire Risk<br>Assessments  | Dorinnia Carville<br>Johnny McBride                    | 25                  | 15                     | 15                                | PROPOSAL: To be incorporated into CR3 as sufficient progress has been<br>made in relation to both risks.  |
| CR11              | Failure to adequately manage sickness absence resulting in<br>delays and an inability to deliver Council services.   | Senior<br>Management<br>Team                           | 25                  | 15                     | 15                                | Wording for the risk updated to remove the reference to COVID-19, which<br>did not have a significant impact on levels of absenteeism during 2020-21.<br>Root causes, consequences, controls and actions updated. |
| CR12              | Risk that Council does not assist the post COVID 19<br>recovery of the district, therefore failing in its objectives to<br>regenerate and build a prosperous district due to the<br>inability of Council to be financially sustainable in the long<br>term | Senior<br>Management<br>Team                           | 25                  | 20                     | 16                                | Residual risk score revised to take account of the role the Council is playing in<br>supporting the economic recovery of the District. Actions updated.   |
| CR13              | Impact of BREXIT on the local economy, organisation,<br>effective service provision and achievement of strategic<br>objectives   | Dorinnia Carville                                      | 25                  | 20                     | 16                                | Residual score revised as the Council is more familiar with the processes and<br>protocols associated with Brexit. Actions updated.   |
| CR14              | Cyber Security Event   | Dorinnia Carville                                      | 25                  | 16                     | 16                                | NEW RISK: Corporate risk developed and proposed.  |

|              |                 |       |      |          | PROBABILITY |        |          |
|--------------|-----------------|-------|------|----------|-------------|--------|----------|
|              |                 |       | Rare | Unlikely | Possible    | Likely | V Likely |
|              |                 | Score | 1    | 2        | 3           | 4      | 5        |
|              | Fundamental     | 5     | 5    | 10       | 15          | 20     | 25       |
|              | Major           | 4     | 4    | 8        | 12          | 16     | 20       |
| CONSEQUENCES | Moderate        | 3     | 3    | 6        | 9           | 12     | 15       |
|              | Minor           | 2     | 2    | 4        | 6           | 8      | 10       |
|              | Not significant | 1     | 1    | 2        | 3           | 4      | 5        |

|                 |       | Risk Type (with associated im<br>Impact on individual(s) –<br>staff or public. | Statutory Duty.   | Business / Operational  | Buildings/ Engineering/<br>Environmental            | Quality of Service                                      | Finance   |
|-----------------|-------|--|---|---|---|---|---|
| Consequence     | Score | Second second  |   |   |   |   |   |
| Fundamental     | 5     | • Death  | <ul> <li>Multiple breach of statutory<br/>legislation and prosecution.</li> </ul> | <ul> <li>Utigation &gt; £500k expected.</li> </ul>  | Critical Environmental Impact.                      | Severe impact on customer<br>satisfaction.              | Gignificiant financial impact<br>(over 5% of total directorate<br>budget.)      |
|                 |       |  |   | National Media Interest   | Service closed for<br>unacceptable period.          | Gross failure to meet professional / national standards | Theft / loss >£250k   |
|                 |       |  |   | Severe loss of confidence and reputation  |   |   |   |
| Major           | 4     | Major injury/til health (reportable)   | Multiple breach of statutory<br>legislation and improvement<br>notice issued.     | Litigation =E250k to =E500k expected.   | Majorisignificant environmental<br>Impact           | Major impact on customer<br>satisfaction.               | Major financial impact<br>(between 2% - 5% of total<br>directorate budget.      |
|                 |       | Major clinical intervention  |   | Adverse publicity   | Severe disruption to service                        | Failure to meet professional /<br>national standards    | Theft / loss between £100k -<br>£250k   |
|                 |       | Permanent incapacity   |   | Impact on reputation  |   |   |   |
| Moderate        | 3     | Temporary incapacity   | Single breach of statutory<br>legislation and improvement<br>Notice issued.       | Litigation >E50k - <e250k possible.<="" td=""><td>Moderate environmental impact</td><td>Formal complaint expected.</td><td>Moderate financial impact<br/>(between 1% and 2% of total<br/>directorate budget)</td></e250k> | Moderate environmental impact                       | Formal complaint expected.                              | Moderate financial impact<br>(between 1% and 2% of total<br>directorate budget) |
|                 |       | Short term monitoring  |   | Potential for adverse publicity,<br>avoidable with careful handling   | Moderate disruption to services                     | Failure to meet internal<br>standard                    | Theft / loss between £50k -<br>£100k  |
|                 |       | Additional medical treatment up to 1 year                                      |   | Potential to Impact on<br>reputation.   |   |   |   |
| Minor           | 2     | First Aid/ self treatment  | Breach of statutory legislation.  | Litigation <£50k  | Localised environmental     Impact                  | Possible complaint.                                     | Minor financial impact (up to<br>1% of total directorate budget)                |
|                 |       | Minor injury   |   | Impact on reputation – Internal,<br>awareness,  | Disruption to service perceived<br>as inconvenient. | Single failure to meet internal standard.               | Theft / loss between £1 - £508  |
|                 |       | Minor ill health up to 1 month   |   |   |   |   |   |
|                 |       | Near miss (small cluster)  |   |   |   |   |   |
| Not significant | 1     | Near miss (single)   | Near breach of statutory<br>legislation.  | Possible libgation due to<br>settlement is <658.  | Minimal impact to environment.                      | Customer initially unhappy.                             |   |

|                           | No adverse outcome.<br>No injury or II-health. |                 | legislation.  |          | Minimal disruption. | Minor non-compliance wit internal standard. |
|---------------------------|--|-----------------|---|----------|---------------------|---|
| Sh.<br>Likelihood of Even | t or Incider                                   | t occurrin      | g   |          |                     |   |
| Likelihood<br>Descriptor  | Score  |                 | ity / Likelihood (of ever<br>over lifetime of Corporate P |          |                     |   |
| Almost Certain            | 5  | • The e         | vent is more likely than not t                            | o occur. |                     |   |
| Likely                    | 4  | • The e         | vent is likely to occur.                                  |          |                     |   |
| Possible                  | 3  | There     occur | is a reasonable chance of the tring.                      | he event |                     |   |
| Unlikely                  | 2  | • The e         | vent is unlikely to occur.                                |          |                     |   |
| Rare                      | 1  |                 | vent will occur only in except                            | tional   |                     |   |

| isk Assessn  | nent Matrix     |       | -    |          |             |        |          |
|--------------|-----------------|-------|------|----------|-------------|--------|----------|
|              |                 |       |      |          | PROBABILITY |        |          |
|              |                 |       | Rare | Unlikely | Possible    | Likely | V Likely |
|              |                 | Score | 1    | 2        | 3           | 4      | 5        |
|              | Fundamental     | 5     | 5    | 10       | 15          | 20     | 25       |
| s            | Major           | 4     | 4    | 8        | 12          | 16     | 20       |
| CONSEQUENCES | Moderate        | 3     | 3    | 6        | 9           | 12     | 15       |
| CONS         | Minor           | 2     | 2    | 4        | 6           | 8      | 10       |
|              | Not significant | 1     |      | 2        | 3           | 4      | 5        |

|                 |       | Risk Type (with associated im                 | pact)   | 155   | 15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-             | 2   |   |
|-----------------|-------|---|---|---|---|---|---|
|                 |       | Impact on individual(s) –<br>staff or public. | Statutory Duty.   | Business / Operational  | Buildings/ Engineering/<br>Environmental            | Quality of Service                                      | Finance   |
| Consequence     | Score |   |   |   |   |   |   |
| Fundamental     | 5     | • Death                                       | Multiple breach of statutory<br>legislation and prosecution.                  | Litigation > £500k expected.  | Critical Environmental Impact.                      | Severe Impact on customer<br>satisfaction.              | Gignificiant financial impact<br>(over 5% of total directorate<br>budget.)      |
|                 |       |   |   | National Media Interest   | Service closed for<br>unacceptable period.          | Gross failure to meet professional / national standards | <ul> <li>Thet / loss &gt;6250k</li> </ul>                                       |
|                 |       |   |   | Severe loss of confidence and<br>reputation   |   |   |   |
| Major           | 4     | Major injury/lil health<br>(reportable)       | Multiple breach of statutory<br>legislation and improvement<br>notice issued. | Litigation >6250k to <6500k expected.   | Majorisignificant environmental<br>Impact           | Major impact on customer     satisfaction.              | Major financial impact<br>(between 2% - 5% of total<br>directorate budget.      |
|                 |       | Major clinical intervention                   |   | Adverse publicity   | Severe disruption to service                        | Failure to meet professional / national standards       | Theft / loss between £100k -<br>£250k   |
|                 |       | Permanent incapacity                          |   | Impact on reputation  |   |   |   |
| Moderate        | 3     | Temporary incapacity                          | Single breach of statutory<br>legislation and improvement<br>Notice issued.   | Utigation >650k - <6250k possible.  | Moderate environmental impact                       | Formal complaint expected.                              | Moderate financial impact<br>(between 1% and 2% of total<br>directorate budget) |
|                 |       | Short term monitoring                         |   | Potential for adverse publicity,<br>avoidable with careful handling   | Moderate disruption to services                     | Fallure to meet internal<br>standard                    | Theft / loss between £50k -<br>£100k  |
|                 |       | Additional medical treatment up to 1 year     |   | Potential to impact on<br>reputation.   |   | _   |   |
| Minor           | 2     | First Ald/self treatment                      | Breach of statutory legislation.  | Utigation <650k   | Localised environmental impact                      | Possible complaint.                                     | Minor financial impact (up to<br>1% of total directorate budget)                |
|                 |       | Minor injury                                  |   | Impact on reputation – Internal<br>awareness,   | Disruption to service perceived<br>as inconvenient. | Single failure to meet internal standard.               | • Theft / loss between £1 - £50k  |
|                 |       | Minor ill health up to 1 month                |   |   |   |   | 1   |
|                 |       | Near miss (small cluster)                     |   |   |   |   |   |
| Not significant | 1     | Near miss (single)                            | Near breach of statutory<br>legislation.                                      | Possible litigation due to<br>settlement is <esk.< td=""><td>Minimal impact to environment.</td><td>Customer initially unhappy.</td><td></td></esk.<> | Minimal impact to environment.                      | Customer initially unhappy.                             |   |
|                 |       | · No adverse outcome.                         | Minor breach of guidance or<br>legislation.                                   |   | Minimai disruption.                                 | Minor non-compliance with Internal standard.            | j   |
|                 |       | No injury or IB-health.                       |   |   | 1   |   |   |

| Likelihood<br>Descriptor | Score | Probability / Likelihood (of event or incident<br>occurring over lifetime of Corporate Plan). |
|--------------------------|-------|---|
| Almost Certain           | 5     | The event is more likely than not to occur.   |
| Likely                   | 4     | The event is likely to occur.   |
| Possible                 | 3     | There is a reasonable chance of the event<br>occurring.                                       |
| Unlikely                 | 2     | The event is unlikely to occur.   |
| Rare                     | 1     | The event will occur only in exceptional<br>circumstances.                                    |

19/04/2021 16:46:10

## 1. Corporate Risk Register NMDDC

### Risk CR. 01 - Failure to deliver the capital investment programme for the District

| _  |   |      |              |   |   | Risk Categories         | Buildings / Engineering                               |  |  |
|----|---|------|--------------|---|---|-------------------------|---|--|--|
| 5  |   |      |              |   | G |                         | Business operational/re<br>Financial                  |  |  |
| 4  |   |      |              |   |   | <b>Risk Description</b> | Failure to adequately re<br>Failure to effectively ma | esource the capital programme<br>anage capital contracts |  |
| 3  |   | т    |              |   | R | Potential Root Cause    | Inaccurate estimates for                              |  |  |
| 2  |   |      |              |   |   |                         | Contractors on key pro<br>Consultant and/or cont      | jects fail to deliver on time and<br>ractor collusion    | on budget                                |
| 32 |   |      |              |   |   |                         |   | ilures or legal challenges<br>to policies and resources  |  |
| 1  |   |      |              |   |   |                         | Projected timelines too                               | optimistic   |  |
|    | 1 | 2    | 3            | 4 | 5 |                         | Lack of awareness in s                                |  |  |
|    |   | Prob | l<br>ability | 3 |   |                         | Brexit - lack of match fu<br>Brexit - delays or unava | ailability of materials and produc                       | cts<br>lended leading to increased costs |
|    |   |      |              |   |   | Consequence             | Legal challenge / Nega<br>Impact on quality/cost of   | of funding (i.e. DAERA project tive PR                   | s)                                       |
|    |   |      |              |   |   | Risk Owners             | Dorinnia Carville; Micha                              | ael Lipsett; Conor Mallon                                |  |
|    |   |      |              |   |   | Gross/Inherent Risk     | Red 25  | Last Review  | 01/04/2021                               |
|    |   |      |              |   |   | Residual Risk           | Amber 15  | Next Review  | 02/06/2021                               |
|    |   |      |              |   |   | Target Risk Level       | Green 6   | <b>Risk Appetite</b>                                     | Risk Averse                              |
|    |   |      |              |   |   |                         |   |  |  |

#### Objectives

Consequence

2

Continue to improve the health and wellbeing of everyone in the district and reduce health inequalities Invest in and support new and growing businesses, job creation and employment skills

Promote the revitalisation of our city, towns, villages and rural communities

Provide accessible, high-quality and integrated services through continuous improvement

Support sustainable forms of tourism which value our environment and cultural heritage

#### **Key Controls Identified**

- 1. Monthly review of spend against budget
- 2. Dedicated project management teams
- 3. Professionally qualified and experienced staff
- 4. Monthly site progress meetings which are minuted
- 5 Project risk register in place for major projects i.e. new leisure centres
- 6. Large projects are project managed by external consultants who report to the Estates Team.

7. Four year Capital Plan

8. Capital Plan annually approved at Council

| Action Plans                            |   |             |                           |                            |   |
|---|---|-------------|---------------------------|----------------------------|---|
|   | Action Plan Description   | Action Plan | Action Plan Owner         | Action Plan<br>Action Date | Comments  |
| Asset Management Strategy               | To identify surplus assets to sell and use sale proceeds to assist funding in the capital programme.  | In Progress | Dorinnia Carville         | 28/05/2021                 | The identification and disposal of surplus land assets<br>continues to be a main focus for the Estates Team. Updates<br>on the Surplus Asset Register are considered regularly to<br>the Strategic Finance Working Group, with associated<br>recommendations being agreed by the SP&R Committee.<br>Two surplus assets have been sold over recent months and<br>the sale of one further asset is almost complete. 30<br>remaining assets are listed in the Surplus Asset Register.<br>Four of these assets, whilst surplus, are being retained for<br>an interim period before being reconsidered for disposal.<br>Five of these assets have recently been included on the<br>'open market' for sale and moved to 'sale agreed', whilst a<br>further three are currently on the 'open market' for sale. To<br>date, the Council has lodged two Full Planning Applications<br>one of which has been approved, five Outline Planning<br>Applications and three PADs to date. In addition three<br>applications have been withdrawn. |
| COVID19 - Review of the<br>Capital Plan | Thorough review of the Capital Plan in light of COVID19   | In Progress | Senior Management<br>Team | 28/05/2021                 | Meetings with all Directorates took place in December 2020<br>to discuss their capital programmes. A detailed review of<br>the Capital Plan was considered by the Strategic Finance<br>Working Group on 14 December 2020. Further meetings<br>took place with the Strategic Finance Working Group in the<br>lead up to the rates process. SMT will consider a report on<br>9th April 2021, identifying the projected spend profile for the<br>major capital projects planned for delivery over the next 5<br>years.   |
| SIF Projects                            | Implement sufficient cost and change control measures so<br>projects are delivered within budget. The Project Board will<br>continue to meet as and when required to update the<br>project risk register. | In Progress | Michael Lipsett           | 28/05/2021                 | Monthly meetings continue to take place with TEO, DfC and<br>the relevant Council Officers to closely monitor the current<br>committed delivery programme. Ballyhornan project -<br>successfully delivered in October 2020. Castlewellan<br>Community Centre – all previously outstanding final<br>accounts are now settled. Kilkooley project – cannot be<br>delivered due to the failure to secure planning approval and<br>will not progress any further.<br>Thomas Davis project - Construction is ongoing. However,<br>there are delivery issues, which may be attributed to poor<br>contract and/or project management, and have recently<br>been addressed by ABC (Employer), with an anticipated<br>completion date of August 2021. SIF projects are now<br>drawing to a close.   |



#### Objectives

Provide accessible, high-quality and integrated services through continuous improvement

#### **Key Controls Identified**

- 1. Procurement Team
- 2. Financial regulations and Procurement Policy in place
- 3. Use of regional and national frameworks
- 4. Specialist legal advice available
- 5. Single Tender Actions list
- 6. Procurement training rolled out to all relevant staff based on expenditure level

7. COVID19 - Regulation 32 purchases being utilised. Procurement holding list of expenditures bypassing normal rules

| Action Plans             |  |                             |                           |                            |   |
|--------------------------|--|-----------------------------|---------------------------|----------------------------|---|
|                          | Action Plan Description  | Action Plan<br>Type         | Action Plan Owner         | Action Plan<br>Action Date | Comments  |
| Contracts Management     | The Limited Assurance Contract Management Internal Audit<br>recommendations to be implemented with immediate effect.<br>The two overarching recommendations were that Council<br>develops a Contracts Management procedure and provides<br>training for relevant staff on best practice. | Recommendati<br>on          | Ken Montgomery            | 28/05/2021                 | Between the 2018-19 and 2019-20 there was an increase in compliant spend across the Council, as highlighted through the two contract mapping exercises. However, non compliant spend remains high. Budget holders have been informed about the procurement priorities of their respective sections, as identified through the contracts mapping exercise, and have been asked to provide a timeline outlining when new compliant contracts will be put in place. An analysis of annual spend with individual and multiple suppliers between £15-£30k, where procurement should have been undertaken, is now complete. |
| Contracts Register       | Development of a Council contracts register, to be<br>maintained and reviewed by the Procurement Team.   | Audit<br>Recommendati<br>on | Ken Montgomery            | 28/05/2021                 | Contracts mapping is a standing item on the CMT agenda.<br>The most recent report indicates that there are 283<br>contracts on the Contracts Register, 61 long-term non-<br>compliant spends, 14 STAs where the requirement could<br>have been procured and overspend in 19 contracts which<br>exceed the £30k threshold. The Contracts Register will be<br>developed further to alert Contract Managers when the<br>current contract is due to expire, to enable a new compliant<br>contract to be put in place.   |
| New Procurement Database | E-hub will no longer be supported in early 2021. The<br>Council needs to move to source a new supplier which fits<br>the needs of Council.   | In Progress                 | Ken Montgomery            | 28/05/2021                 | The Council is preparing a business case outlining the requirements for the new procurement system. Workshops took place during March 2021 to identify and agree the business requirements and specification of the new system.   |
| Single Tender Actions    | Implement the recommendations arising from the ASM investigation into the use of Single Tender Actions across the Council.   | In Progress                 | Senior Management<br>Team | 28/05/2021                 | The over-arching recommendations focus on ensuring<br>compliance with the Council's Procurement Policy, putting in<br>place the appropriate contract management arrangements,<br>developing Procurement Action Plans and delivering<br>procurement training to Officers across the organisation.<br>Progress in implementing the recommendations is<br>underway. Procurement Action Plans for each Directorate<br>have now been considered and approved by the respective<br>Council Committee and progress will be monitored by the<br>Audit Committee on a quarterly basis.   |

| Ris         | k |   |             | CR.              | 03 - | Non-c | ompliance with legislative requirements  |   |  |   |  |  |  |  |  |
|-------------|---|---|-------------|------------------|------|-------|--|---|--|---|--|--|--|--|--|
|             | 5 |   |             | R                |      | G     | Risk Categories  | Business operational/reputational<br>Impact on individuals (staff or public)<br>Statutory Duty (Legal/Regulatory)<br>Failure to have the necessary policies and procedures in place with staff adequately trained to ensure legislative compliance,<br>including health and safety and fire risk assessments. |  |   |  |  |  |  |  |
| 8           | 4 |   |             |                  |      |       | <b>Risk Description</b>  |   |  |   |  |  |  |  |  |
| uent        | 3 |   | т           |                  |      |       | Potential Root Cause   |   | Failure to understand and meet legal requirements in relation to Health and Safety, Information Management, Rural Needs,   |   |  |  |  |  |  |
| Consequence | 2 |   |             |                  |      |       |  | Disability, Section 75, Performance and Improvement and Safeguarding.<br>Lack of resources and inadequate training provision.   |  |   |  |  |  |  |  |
| ပိ –        | 1 |   |             |                  |      |       |  | Fire Risk Assessments at  | Absence of effective operational procedures and policies.<br>Fire Risk Assessments at Council buildings not being undertaken and actions not being implemented and managed.<br>Unforeseen events and public negligence/lack of responsibility. |   |  |  |  |  |  |
|             |   | 1 | 2           | 3                | 4    | 5     |  | COVID19 - increased risks in relation to H&S at properties: statutory inspections required under legislation (i.e - vehicle and plant lifts, lifting equipment, pressurised water systems, local exhaust ventilation) are not taking place due to lack of access.   |  |   |  |  |  |  |  |
|             |   |   | 1000        | - <sup>5</sup> . |      | l I   |  | COVID19 - FRA / Legione   | Ila / Asbestos etc (are not be   | eing reviewed due to front line services being provided). |  |  |  |  |  |
|             |   |   | Probability |                  |      |       | COVID19 - The Finance Act act as amended by the draft COVID regulations could be misinterupted by staff.<br>COVID19 - ICO requirements for Council during pandemic.<br>COVID19 - Failure to ensure adequate governance arrangements are in place in context of adapting working practices leading to<br>significant governance failures. Examples include financial governance, governance of data and the decision making of Council. |   |  |   |  |  |  |  |  |
|             |   |   |             |                  |      |       | Consequence  | Non-compliance leading to<br>Personal liability / Corpora<br>Risk of a fatality at a Cour<br>Reputational damage<br>Reduced trust and public<br>Increased number of comp<br>Increased insurance prem<br>Loss of income  | te Manslaughter<br>ncil site<br>confidence<br>plaints and queries  |   |  |  |  |  |  |
|             |   |   |             |                  |      |       | Risk Owners  | Dorinnia Carville; Michael  | Lipsett; Johnny McBride  |   |  |  |  |  |  |
|             |   |   |             |                  |      |       | Gross/Inherent Risk  | Red 25  | Last Review  | 01/04/2021  |  |  |  |  |  |
|             |   |   |             |                  |      |       | <b>Residual Risk</b>   | Amber 15  | Next Review  | 02/06/2021  |  |  |  |  |  |
|             |   |   |             |                  |      |       | Target Risk Level  | Green 6   | <b>Risk Appetite</b>   | Risk Averse   |  |  |  |  |  |

#### Objectives

Provide accessible, high-quality and integrated services through continuous improvement

#### **Key Controls Identified**

- 1. Majority of policies and procedures in place
- 2. Dedicated skilled teams in place for:
- -Health and Safety -HR
- -Legal (including information management)
- 3. Health and Safety Committees in place and ongoing programme of training in place
- 4. Access to Information Policy approved in June 2019.
- 5. COVID19 New legislation introduced to allow virtual committee meetings

6. COVID19 - New Governance Arrangements in place in Council. Delegated authority amended through SO.

7. Asbestos and Legionella Policies and Management Plans in place

| Action Plans  |   |                     |                   |                            |  |
|---|---|---------------------|-------------------|----------------------------|--|
|   | Action Plan Description   | Action Plan<br>Type | Action Plan Owner | Action Plan<br>Action Date | Comments   |
| Advisory Internal Audit Review<br>Health and Safety         | <ul> <li>Implement the 30 recommendations arising from the<br/>internal audit review of Health and Safety</li> </ul>  | In Progress         | Dorinnia Carville | 28/05/2021                 | Progress in implementing the 30 recommendations was<br>considered by the SMT in November 2020. In February<br>2021, ASM carried out of review of progress in<br>implementing the recommendations which will be reported<br>to the Audit Committee in April 2021.   |
| Asbestos and Legionella<br>Policies and Management<br>Plans | Implementation of Asbestos and Legionella Policies and<br>Management Plans  | Proposed            | Kevin Scullion    | 28/05/2021                 | Ongoing compliance with policies and implementation of<br>Management Plans.  |
| Asbestos Policy and<br>Management Plan                      | Approval of Asbestos Policy and Management Plan through<br>CMT, SMT and Corporate Health and Safety Committee.  | Completed           | Kevin Scullion    | 23/04/2021                 | The Asbestos Policy, which has been effective since 12<br>March 2020, was agreed by the CMT, Corporate H&S, SMT,<br>noted at SP&R Committee and updated on Council's<br>Corporate Policy register.<br>The Management Plan for Asbestos was approved in<br>September 2020 and designates roles and responsibilities<br>to ensure continued compliance with the policy. The<br>Council has also appointed an Asbestos Consultancy firm to<br>check sites and has launched a training module on the<br>corporate e-learning system to assist the relevant officers in<br>understanding asbestos.                              |
| Conflict of Interest Declarations                           | All high risk staff to have declaration completed by May 2021.<br>Voluntary declarations to be rolled out to all staff by May 2021. All Elected Members have completed and submitted declarations, which will be reviewed every six months and reported to the Audit Committee. | In Progress         | Alison Robb       | 31/05/2021                 | Work is almost complete in identifying high risk staff across<br>the organisation, in liaison with CMT. New procedures in<br>place to collate and review the declarations submitted by<br>Elected Members every six months, commencing in<br>January 2021.   |
| COVID-19 Risk Assessments                                   | Review and update the COVID-19 Risk Assessments   | In Progress         | Dorinnia Carville | 28/05/2021                 | All required COVID-19 Risk Assessments are in place for<br>relevant activities and premises. The Risk Assessments will<br>be reviewed prior to the re-opening of premises and re-<br>commencing of activities, as restrictions gradually ease. All<br>risk assessments will be updated to reflect the control<br>measures required.  |
| Health and Safety Policy                                    | Review the Health and Safety Policy to ensure it complies<br>with best practice and is fit for purpose  | In Progress         | Dorinnia Carville | 28/05/2021                 | The Health and Safety Policy was considered by the SPR<br>Committee in March 2021 and ratified by full Council in April<br>2021. Training on the new Health and Safety Policy will be<br>rolled out during 2021-22.  |
| Legionella Policy and<br>Management Control Scheme          | Approval of Legionella Policy and Management Control<br>Scheme through CMT, SMT and Corporate Health and<br>Safety Committee.   | Completed           | Kevin Scullion    | 23/04/2021                 | The Legionella Policy, which has been effective since 12<br>March 2020, was agreed by the CMT, Corporate H&S, SMT,<br>noted at SP&R Committee and updated on Council's<br>Corporate Policy register.<br>The Management Plan for Legionella was approved in<br>September 2020 and designates roles and responsibilities<br>to ensure continued compliance with the policy. The<br>Council has also appointed a Consultancy firm to provide<br>advice on legionella and check sites and has launched a<br>training module on the corporate e-learning system to assist<br>the relevant officers in understanding legionella. |



#### Objectives

Enhance, protect and promote our environment

Provide accessible, high-quality and integrated services through continuous improvement

#### **Key Controls Identified**

1. Long term Waste Strategic Plan in place

2. Partnership working with key stakeholders

3. COVID19 - Screen partitions in all vehicles were there is more than one passenger

4. COVID19 - New ways of working identified, i.e. staggered start times

5. COVID19 - Redeployment lists in place & staff have been retrained

6. Contingency Plans in place

 $\mathbf{1}\mathbf{4}$ 

| Action Plans                                     |   |                     |                   |                            |  |
|--|---|---------------------|-------------------|----------------------------|--|
|  | Action Plan Description   | Action Plan<br>Type | Action Plan Owner | Action Plan<br>Action Date | Comments   |
| Industrial Action                                | Ensure Contingency Plans are in place to address the<br>impact of industrial action in the future.  | Completed           | Johnny McBride    | 22/04/2021                 | Contingency Plans were activated on 3 December 2020 to<br>address the impact industrial action on bin collections for<br>those households which were affected by the strike.<br>Workforce Plans are monitored and reviewed to ensure<br>business continuity and effective service provision.   |
| Neighbourhood Services<br>Transformation Project | The NS Transformation Project will aim to make efficiencies<br>within the NS Directorate whilst still maintaining the level of<br>service and driving improvement   | In Progress         | Johnny McBride    | 28/05/2021                 | External view to be undertaken for options on a waste<br>service. Report was considered by the SMT on the 9<br>September 2020. There has been no further progress with<br>the NS Transformation Project due to Planning for the<br>Future.   |
| Operators Licence                                | Internal Audit carried out a review of the progress in<br>implementing TRU and FTA recommendations in October<br>2018. A further review took place during<br>November/December 2020 which has provisionally<br>highlighted that limited progress has been made in<br>implementing a number of recommendations from the 2018<br>audit. | In Progress         | Johnny McBride    | 28/05/2021                 | The New Fleet Policy and Critical Procedures have been<br>effective since April 2020. An internal Audit of Fleet<br>Management was carried out in November/December 2020<br>and the final report will be considered by the Audit<br>Committee in April 2021.   |
| Waste Management Plan                            | The Waste Management Plan is organised by ARC 21. The<br>Council is required to feed into and approve ARC 21s<br>Waste Management Plan.   | In Progress         | Johnny McBride    | 28/05/2021                 | The three NI Waste Management Plans are scheduled to<br>be reviewed by WRAP during 2021-22 and will consider a<br>range of themes including legislation, policy, commercial<br>waste and packaging waste. The project has been scoped<br>out, all activities are on schedule, as planned, and the<br>review of the ARC 21 Waste Management Plan is prioritised<br>for completion by September 2021. Once finalised,<br>NMDDC will consider the review of the Arc21 Waste<br>Management Plan, which will include recommendations to<br>update the plan. |



#### Objectives

Enhance, protect and promote our environment

Invest in and support new and growing businesses, job creation and employment skills Promote the revitalisation of our city, towns, villages and rural communities Provide accessible, high-quality and integrated services through continuous improvement

Support sustainable forms of tourism which value our environment and cultural heritage

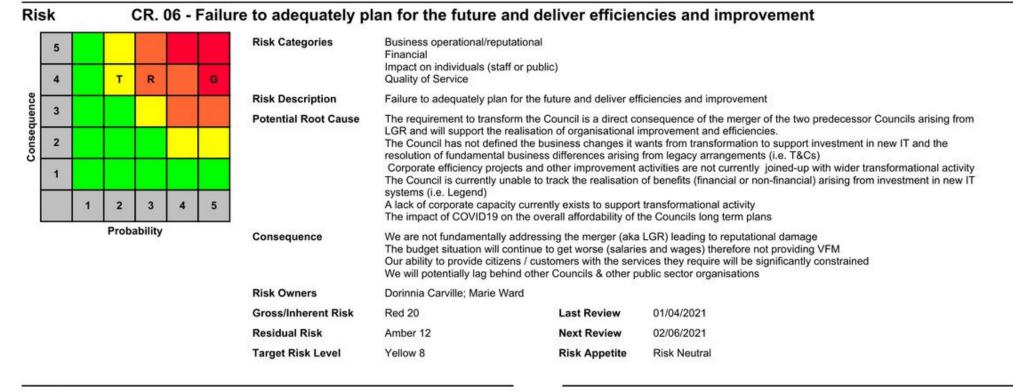
#### **Key Controls Identified**

1. Dedicated Planning Committee in operation

2. Scheme of Delegation in place to facilitate timely planning decisions

- 3. Action plan in place to reduce backlog
- 4. Ongoing training for officers and members
- 5. Increase in employee numbers

| Action Plans                   |   |                     |                               |                            |  |
|--------------------------------|---|---------------------|-------------------------------|----------------------------|--|
|                                | Action Plan Description   | Action Plan<br>Type | Action Plan Owner             | Action Plan<br>Action Date | Comments   |
| Backlog cases                  | Implement action plan to reduce backlog in line with timeframe set  | In Progress         | Anthony Mckay                 | 28/05/2021                 | The current number of live planning applications sits at 1,112 and the target of 750 live applications remains. A recruitment exercise to fill new and vacant posts is ongoing. Site visits have resumed and all Planning staff now have the capability of homeworking. Management is considering other mechanisms, in relation to procedures, structures and expertise, to reduce the backlog of cases, to be presented at the Planning Workshop on 14 April 2021.  |
| Complaints                     | Respond to complaints in relation to the Planning service<br>within the corporate reporting timeframe and implement the<br>relevant recommendations arising from the internal audit of<br>complaints handling and management. | In Progress         | Conor Mallon<br>Anthony Mckay | 28/05/2021                 | An internal audit of complaints handling and management<br>was carried out during Q2 2020-21. The audit focused on<br>complaints across a range of departments, including<br>Planning. It was recommended that the Planning<br>Department reviews why the corporate processing time for<br>handling complaints is not being achieved, and that the<br>outcome of this review is reported to SMT. Work on this<br>review is ongoing.  |
| T infrastructure               | Upgrade of technical IT infrastructure (EPIC Replacement)   | In Progress         | Anthony Mckay                 | 31/01/2022                 | Council has agreed to the procurement of a replacement<br>planning computer system, in a joint arrangement with the<br>other 10 Councils and Dfl. The contract has been awarded<br>and is to be operational by early 2022.   |
| Local Development Plan         | To progress the Local Development Plan in line with agreed timetable.   | In Progress         | Anthony Mckay                 | 28/05/2021                 | Stage 1 of the process has concluded with the production<br>of, and consultation on, the Preferred Options Paper. The<br>timetable for Stage 2 of the process, in relation to the Plan<br>Strategy, has been revised and delayed until Q3 2021-22,<br>and agreed by the Department. Specialists have assisted in<br>providing expertise to implement the plan (i.e. Retail<br>Planning / Landscaping). Quarterly updates are being<br>provided to the Planning Committee. Constituent parts of<br>the Plan Strategy are being presented to and considered by<br>the Planning Committee on a monthly basis, commencing in<br>February 2021, |
| Specialist Planning Consultant | Business case to appoint a specialist planning consultant<br>was approved at the December 2019 SP&R Committee.  | In Progress         | Conor Mallon                  | 28/05/2021                 | The specialist planning consultant commenced January<br>2020 and has been reviewing processes and procedures to<br>help improve the performance of the planning service and<br>facilitate transformational change. The Consultant provided<br>progress updates to the Planning Committee in July and<br>October 2020, as well as February 2021.  |



#### Objectives

Provide accessible, high-quality and integrated services through continuous improvement

#### **Key Controls Identified**

1. IT Project Group in place and meets monthly

- 2. Specialist independent IT consultants have been tasked with implementing the IT strategy
- 3. CMT has been tasked with delivering transformational activities
- 4. SMT will have an oversight of all transformational activities
- 5. ToM document produced and approved by SMT
- 6. Regular Drills Testing

| Action Plans   |   |                     |   |                            |  |
|--|---|---------------------|---|----------------------------|--|
|  | Action Plan Description   | Action Plan<br>Type | Action Plan Owner   | Action Plan<br>Action Date | Comments   |
| CMT Working Groups   | Three CMT Working Groups have been established to<br>progress key transformational projects around 'Ways of<br>Working', 'Customer Engagement and 'Information<br>Strategy'.                                    | In Progress         | Eoin Devlin<br>Colum Jackson<br>Alison Robb<br>Kevin Scullion | 28/05/2021                 | Work is ongoing across the three Working Groups.<br>Customer Engagement: The Council is working towards the<br>establishment of a Customer Contact Centre and progress<br>is reported regularly to SMT and CMT. Information Strategy:<br>The implementation of the action plan is underway and<br>progress was reported to the SPR Committee in February<br>2021. Ways of Working: The worker style analysis, which<br>outlines whether employees are office based or can work<br>flexibly, is complete and will be used to determine future<br>business needs. A staff survey will also be carried out to<br>ascertain employee perceptions in relation to the 2020-21<br>working arrangements. |
| Effective implementation of the<br>planning for the future review          | Planning for the Future is envisaged to be a 2 year process.  | In Progress         | Marie Ward  | 28/05/2021                 | Delayed due to COVD19, but still on path for completion.   |
| Implement the Work<br>Programme for the Strategic<br>Finance Working Group | The Work Programme for the Strategic Finance Working<br>Group has been agreed and is split into the following 2<br>phases:<br>Phase 1: Rates process<br>Phase 2: Directorate Performance and Financial Profiles | In Progress         | Dorinnia Carville   | 28/05/2021                 | Since September 2020, the Strategic Finance Working<br>Group has met a number of times to discuss the rates<br>process for 2021-22 and District Rate was set in March<br>2021. The Strategic Finance Working Group will focus on<br>delivering longer term efficiencies and improvements.  |

| Ris     | sk |   |      | CR.     | 07 - | Failu | re to adequately re     | o adequately react to a major incident which would minimise any negative consequences/impact   |               |  |  |  |  |  |  |  |
|---------|----|---|------|---------|------|-------|-------------------------|--|---------------|--|--|--|--|--|--|--|
|         | 5  |   |      |         |      | G     | <b>Risk Categories</b>  | Buildings / Engineering / En<br>Business operational/reputa  | itional       |  |  |  |  |  |  |  |
|         | 4  |   | т    | R       |      |       |                         | Impact on individuals (staff or public)<br>Statutory Duty (Legal/Regulatory)   |               |  |  |  |  |  |  |  |
| duence  | 3  |   |      |         |      |       | <b>Risk Description</b> | Risk Description In the event of a disaster or an emergency, the Council may not respond in a way which minimises any negative consequences/impact |               |  |  |  |  |  |  |  |
| Consequ | 2  |   |      |         |      |       | Potential Root Cause    | Natural disasters, localised flooding, Harbour disasters, Fire<br>Pandemics - COVID 19<br>Significant IT failure                                   |               |  |  |  |  |  |  |  |
| Ŭ       | 1  |   |      |         |      |       |                         | Inadequate preparedness to be able to respond in the event of an emergency   |               |  |  |  |  |  |  |  |
|         |    | 1 | 2    | 3       | 4    | 5     | Consequence             | Reputational damage throug<br>Loss of income<br>Litigation - civil/criminal<br>increased insurance premiu  |               | ship to provide adequate community emergency support |  |  |  |  |  |  |
|         |    |   | Prob | ability |      |       | Risk Owners             | Dorinnia Carville  |               |  |  |  |  |  |  |  |
|         |    |   |      |         |      |       | Gross/Inherent Risk     | Red 25   | Last Review   | 01/04/2021   |  |  |  |  |  |  |
|         |    |   |      |         |      |       | Residual Risk           | Amber 12   | Next Review   | 02/06/2021   |  |  |  |  |  |  |
|         |    |   |      |         |      |       | Target Risk Level       | Yellow 8   | Risk Appetite | Risk Averse  |  |  |  |  |  |  |
|         |    |   |      |         |      |       |                         |  |               |  |  |  |  |  |  |  |

#### Objectives

Advocate with others for the benefit all the people of the District

Enhance, protect and promote our environment

Provide accessible, high-quality and integrated services through continuous improvement

#### **Key Controls Identified**

- 1. Business Continuity Plan in place
- 2. Emergency planning measures in place, including:
- -Flood risk plan
- -Inter-agency group
- 3. Dedicated Emergency Planning team and professionally trained and experienced staff
- 4. Member of Southern Region Emergency Planning Group
- 5. Annual Winter Resilience Plan in place
- 6. New regional local government regional model

7. Ferryman test exercise completed (May 2019) - lessons learned included within event management plan.

| Action Plans                               |   |                     |                   |                            | I  |  |
|--|---|---------------------|-------------------|----------------------------|--|--|
|  | Action Plan Description   | Action Plan<br>Type | Action Plan Owner | Action Plan<br>Action Date | Comments   |  |
| Drills/testing of plans on a regular basis | Drills/testing of plans on a regular basis                                      | In Progress         | Dorinnia Carville | 28/05/2021                 | Ongoing – The Emergency Plan was activated in March<br>2020, in response to the COVID-19 pandemic, during which<br>time the Council has moved between response and<br>recovery, in line with restrictions. As a result no specific<br>drills have been organised. However, following a security<br>alert in February 2021, internal processes were tested,<br>including a call cascade system and opening/managing an<br>emergency support centre. |  |
| Emergency Planning Internal<br>Audit       | Implement the recommendations from the internal audit of<br>Emergency Planning. | In Progress         | Dorinnia Carville | 28/05/2021                 | The final report was considered and approved by the Audit<br>Committee in January 2021 and the implementation of<br>recommendations is underway.   |  |

51

| isk |   |             |   |   |   | e to implement an economic development programme to regenerate the district and a<br>e to financial uncertainties caused by the current economic and political climate |   |  |  |  |  |  |  |
|-----|---|-------------|---|---|---|--|---|--|--|--|--|--|--|
| 5   |   |             |   |   |   | <b>Risk Categories</b>   | Impact on individuals<br>Quality of Service   | (staff or public)  |  |  |  |  |  |
| 4   |   |             |   | R | G | <b>Risk Description</b>  |   | an economic development progra<br>caused by the current economic | mme to regenerate the district and attract inward investment due to<br>and political climate |  |  |  |  |
| 3   |   |             | т |   |   | Potential Root Cause   | Failure to engage stal<br>Impact of Brexit on fu  | keholders (public and private sec<br>nding                       | tor)   |  |  |  |  |
| 2   |   |             |   |   |   |  | Impact of the City Dea  |  |  |  |  |  |  |
| ·   |   | <u> </u>    |   |   |   |  | The weakness in ster<br>COVID19 -Lack of res  | ing driving inflation expectations<br>ources                     | higher   |  |  |  |  |
| 1   |   |             |   |   |   |  | COVID19 -Reduction in rates income<br>COVID19 - Economic downturn and economic uncertainty                                    |  |  |  |  |  |  |
|     | 1 | 2           | 3 | 4 | 5 | Consequence  |   | Lack of investment and economic activity                         |  |  |  |  |  |
|     |   | Probability |   |   |   |  | Loss of confidence from the private sector<br>Negative PR<br>Poor service delivery<br>COVID19 - Increase in the District rate |  |  |  |  |  |  |
|     |   | Risk Owners |   |   |   |  | Conor Mallon; Marie \   | Ward   |  |  |  |  |  |
|     |   |             |   |   |   | Gross/Inherent Risk  | Red 20  | Last Review  | 01/04/2021   |  |  |  |  |
|     |   |             |   |   |   | Residual Risk  | Amber 16  | Next Review  | 02/06/2021   |  |  |  |  |
|     |   |             |   |   |   | Target Risk Level  | Yellow 9  | Risk Appetite  | Risk Averse  |  |  |  |  |

#### Objectives

Invest in and support new and growing businesses, job creation and employment skills Promote the revitalisation of our city, towns, villages and rural communities

#### **Key Controls Identified**

- 1. Regeneration and Economic Development Strategy 2020-25 in place
- 2. Establishment of Economic Forum including public and private sector stakeholders
- 3. Rural Development Programme in place

4. Engagement with other Councils, other Departments, NILGA and the Private Sector through the Chamber of Commerce

5. Brexit Forum, Brexit Task and Finish Working Group Risk Matrix and Risk Register

6. FFNI Operations team in place. Operations group established with other Councils. Project Risk Register established

| Action Plans                 |  |                     |                           |                            |   |
|------------------------------|--|---------------------|---------------------------|----------------------------|---|
|                              | Action Plan Description  | Action Plan<br>Type | Action Plan Owner         | Action Plan<br>Action Date | Comments  |
| City Deals                   | Actively engage in Belfast Region City Deal  | In Progress         | Marie Ward                | 28/05/2021                 | The Head of Terms have been signed. Governance<br>Arrangements and Working groups are being set up.<br>Projects continue to progress and have been reviewed and<br>re-evaluated to take account of COVID-19. Outline<br>Business Case's have been submitted and are currently<br>being assessed.  |
| Full Fibre Network NI (FFNI) | Local Full Fibre Network to improve connectivity across all<br>of Northern Ireland.  | In Progress         | Conor Mallon              | 28/05/2021                 | £15m funding has been secured for phase 1 of the project<br>and the procurement process is complete. Fibrus has been<br>appointed and implementation is underway. BSO is<br>included as a partner and the continued roll-out of the<br>project is ongoing to meet the completion date of March<br>2022.   |
| Funding (Peace Plus and RDP) | Consultation with other Councils and SEUPB regarding<br>future Peace Programmes<br>Termination of RDP funding - lobby the department for a<br>scheme to replace the Rural Development Plan | In Progress         | Senior Management<br>Team | 28/05/2021                 | The Council has responded to the formal consultation on<br>PEACE PLUS and the 'Shared Prosperity Fund', which will<br>replace the ERDF and ESF funding streams. The Council<br>has also commenced the development of projects for rural<br>areas and is working with DAERA to pilot new initiatives<br>which can be used to inform a potential new programme to<br>replace the current Rural Development Programme. |

| 24 |
|----|
|    |

| Ris         | sk                |   |   |                   |             |   | of standardised T<br>e delivery | &Cs of employment leading to the failure to transform services and could impact on   |                  |            |  |  |  |  |  |
|-------------|-------------------|---|---|-------------------|-------------|---|---------------------------------|--|------------------|------------|--|--|--|--|--|
|             | 5                 |   | - | R                 |             | G   | Risk Categories                 | Financial<br>Impact on individuals (staff or public)   |                  |            |  |  |  |  |  |
| ience       | 3                 |   |   | ĸ                 |             |   | <b>Risk Description</b>         | Quality of Service<br>Lack of standardised T&Cs of employment leading to the failure to transform services and could impact on currer<br>delivery. |                  |            |  |  |  |  |  |
| Consequence | 2                 |   |   |                   |             |   | Potential Root Cause            | A range of different T&C's<br>Culture changes between<br>Lack of completed structu   |                  | tion       |  |  |  |  |  |
| °           | 1                 |   |   |                   |             |   |                                 | Resistance to change   | 16               |            |  |  |  |  |  |
|             |                   | 1 | 2 | 3                 | 4           | 5   | Consequence                     | Industrial action  | ndustrial action |            |  |  |  |  |  |
|             | Probability       |   |   |                   |             | Reputational damage to the Council<br>Low staff morale<br>Increased sickness absence<br>Poor service delivery and VFM |                                 |  |                  |            |  |  |  |  |  |
|             |                   |   |   |                   | Risk Owners | Dorinnia Carville; Marie V  | Vard                            |  |                  |            |  |  |  |  |  |
|             |                   |   |   |                   |             |   | Gross/Inherent Risk             | Red 20   | Last Review      | 01/04/2021 |  |  |  |  |  |
|             |                   |   |   |                   |             |   | Residual Risk                   | Amber 12   | Next Review      | 02/06/2021 |  |  |  |  |  |
|             | Target Risk Level |   |   | Target Risk Level | Yellow 8    | <b>Risk Appetite</b>  | Risk Averse                     |  |                  |            |  |  |  |  |  |

#### Objectives

Provide accessible, high-quality and integrated services through continuous improvement

#### **Key Controls Identified**

- 1. Internal Working Group
- 2. Negotiating Forum

- 3. Increased capacity in HR
- 4. Terms and Conditions

| Action Plans                         |   |                     |                           |                            |   |
|--------------------------------------|---|---------------------|---------------------------|----------------------------|---|
|                                      | Action Plan Description                       | Action Plan<br>Type | Action Plan Owner         | Action Plan<br>Action Date | Comments  |
| Meetings with Trade Unions           | Managment and Trade Unions to agree new T&Cs  | In Progress         | Senior Management<br>Team | 28/05/2021                 | An internal Working Group, made up of representatives<br>from Trade Unions, SMT and Human Resources, has been<br>established and a shared programme of work has been<br>agreed to address the remaining issues in relation to<br>standardised terms and conditions, |
| Policy alignment for NMDDC - phase 2 | Commence and implement phase 2 of HR policies | Completed           | Catrina Miskelly          | 22/04/2021                 | Phase 2 is complete, with the HR policies being effective<br>from April 2021.   |

| 5 | 5 |
|---|---|
| J | J |

# Risk CR. 10 - Accidents/injuries may occur if health and safety of service users and staff is not considered, with a focus on Fire Risk Assessments

| ः<br>म      | _           |    |           |         |               |                                |   |   |   |  |  |  |  |  |  |
|-------------|-------------|----|-----------|---------|---------------|--------------------------------|---|---|---|--|--|--|--|--|--|
| -           | 5           |    | т         | R       | G             | Risk Categories                | vries Buildings / Engineering / Environment<br>Business operational/reputational<br>Impact on individuals (staff or public)<br>Statutory Duty (Legal/Regulatory)  |   |   |  |  |  |  |  |  |
|             | 4           |    |           |         |               |                                |   | • • •   |   |  |  |  |  |  |  |
| rence       | 3           |    |           |         |               | Risk Description               | Accidents/injuries may<br>and their associated act  |   | ervice users and staff is not considered, with a focus on fire risk assessments |  |  |  |  |  |  |
| Consequence | 2           |    |           |         |               | Potential Root Cause           | Lack of H&S Planning  | ncluding not having external tr                                 | aining providers in place   |  |  |  |  |  |  |
| ອັ          | -           |    |           |         |               |                                | Training inadequacies including not having external training providers in place<br>Lack of responsibility - public negligence   |   |   |  |  |  |  |  |  |
|             | 1           |    |           |         |               |                                | Unforeseen events<br>Absence of or ineffective operational procedures / policies / systems or processes   |   |   |  |  |  |  |  |  |
|             | -           |    | 10000     |         |               |                                | Fire Risk Assessments   | of Council Buildings not be un                                  | Idertaken   |  |  |  |  |  |  |
|             |             | 1  | 2         | 3       | 4 5           |                                |   | Assessments not being implem<br>actions not taking place due to |   |  |  |  |  |  |  |
|             | Probability |    |           |         |               | Consequence                    | Consequence injury/death to staff or public<br>Damage to Council reputation<br>Loss of income<br>Personal liability/Corporate Manslaughter<br>Litigation - Civil/Criminal<br>Increased insurance premiums |   |   |  |  |  |  |  |  |
|             |             |    |           |         |               | Risk Owners                    | Dorinnia Carville; Johnn  | y McBride   |   |  |  |  |  |  |  |
|             |             |    |           |         |               | Gross/Inherent Risk            | Red 25  | Last Review   | 01/04/2021  |  |  |  |  |  |  |
|             |             |    |           |         |               | Residual Risk                  | Amber 15  | Next Review   | 02/06/2021  |  |  |  |  |  |  |
|             |             |    |           |         |               | Target Risk Level              | Yellow 10   | <b>Risk Appetite</b>  | Risk Averse   |  |  |  |  |  |  |
| Dbje        | ectiv       | es |           |         |               |                                |   | Key Control   | Is Identified   |  |  |  |  |  |  |
|             |             |    | ole, hiał | n-quali | tv and inteor | ated services through continuo | us improvement  |   | reporting to SMT and H&S Committees   |  |  |  |  |  |  |
|             |             |    |           |         | ,             |                                |   | 2. Corporate H&   |   |  |  |  |  |  |  |
|             |             |    |           |         |               |                                |   | 3. Dedicated Ha   |   |  |  |  |  |  |  |
|             |             |    |           |         |               |                                |   | 4. H&S inductio   | on for all new starts   |  |  |  |  |  |  |
|             |             |    |           |         |               |                                |   |   |   |  |  |  |  |  |  |

#### Action Plans

Action Plan Description

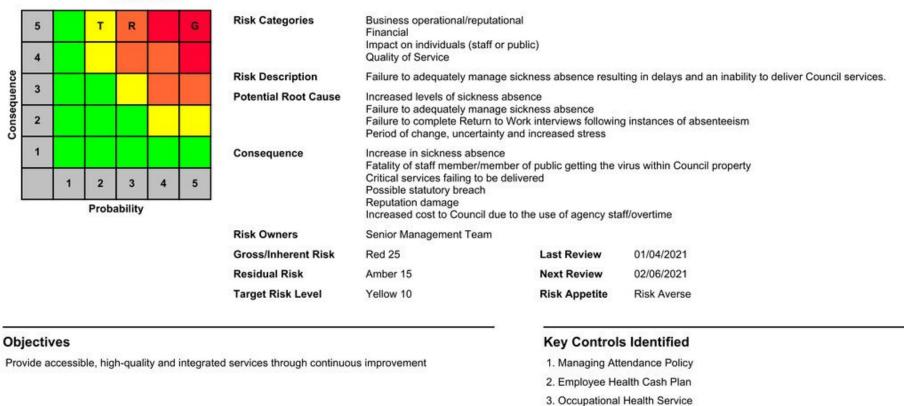
Action Plan Action Plan Owner Type Action Plan Comments Action Date

| Actions from Fire Risk                                | The actions from the Fire Risk Assessments which have  | In Progress | Kevin Scullion            | 28/05/2021 | The Fire Risk Management Policy has been approved and   |
|---|--|-------------|---------------------------|------------|---|
| Assessment Audits                                     | been completed need to be actioned as soon as possible<br>for all Council properties by the Facilities Management and<br>Maintenance Department. |             |                           |            | effective since 12th March 2020. The Management Plan for<br>Fire Safety Management is at an advanced stage and will<br>assign specific roles and responsibilities. The Willis Tower<br>Watson (WTW) audit for the Newcastle Centre is complete<br>and will be reviewed by Building Control. The Council is<br>awaiting the final report for the WTW audit for Down County<br>Museum. 'Fire Safety for Premises Managers' training<br>commenced March 2021 for officers 'in control' of parts/<br>elements of Council premises.  |
| Advisory Internal Audit Review -<br>Health and Safety | Implement the 30 recommendations arising from the advisory internal audit review of Health and Safety.   | In Progress | Senior Management<br>Team | 28/05/2021 | The final Audit Report was issued on the 9 June 2020 and<br>tabled at SMT and CMT in July 2020. Progress in<br>implementing the 30 recommendations was considered by<br>SMT in November 2020, following the outworking's of the<br>Facilities Management Working Group. In February 2021,<br>ASM carried out a review of health and safety<br>recommendations which will be considered by the Audit<br>Committee in April 2021.   |
| Asbestos Policy and<br>Management Plan                | Provide draft Asbestos Policy and Management Plan for<br>approval through CMT, SMT and Corporate Health and<br>Safety Committee.                 | Completed   | Kevin Scullion            | 22/04/2021 | The Asbestos Policy, which has been effective since 12<br>March 2020, was agreed by the CMT, Corporate H&S, SMT,<br>noted at SP&R Committee and updated on Council's<br>Corporate Policy register.<br>The Management Plan for Asbestos was approved in<br>September 2020 and designates roles and responsibilities<br>to ensure continued compliance with the policy. The<br>Council has also appointed an Asbestos Consultancy firm to<br>check sites and has launched a training module on the<br>corporate e-learning system to assist the relevant officers in<br>understanding asbestos. |
| COVID-19 Risk Assessments                             | Review and update COVID-19 Risk Assessments  | In Progress | Dorinnia Carville         | 28/05/2021 | All required COVID-19 risk assessments are in place for<br>relevant activities and premises. The risk assessments<br>have been developed in conjunction with SHEP (Safety,<br>Health and Emergency Planning) and will be reviewed prior<br>to the re-opening premises and re-commencing activity, as<br>restrictions gradually ease. All risk assessments will be<br>updated to reflect the control measures required.  |
| Health and Safety Policy                              | Review of the current Health and Safety Policy to ensure it complies with best practice and it is fit for purpose.                               | In Progress | Dorinnia Carville         | 28/05/2021 | The Health and Safety Policy was considered and approved<br>by the SPR Committee in March 2021 and is scheduled to<br>be ratified by full Council in early April. Training on the new<br>Health and Safety Policy will be rolled out to staff during<br>2021-22.  |

| Legionella Policy and<br>Management Control Scheme | Provide draft Legionella Policy and Management Control<br>Scheme for approval through CMT, SMT and Corporate<br>Health and Safety Committee. | Completed | Kevin Scullion | 22/04/2021 | The Legionella Policy, which has been effective since 12<br>March 2020, was agreed by the CMT, Corporate H&S, SMT,<br>noted at SP&R Committee and updated on Council's<br>Corporate Policy register.<br>The Management Plan for Legionella was approved in<br>September 2020 and designates roles and responsibilities<br>to ensure continued compliance with the policy. The<br>Council has also appointed a Consultancy firm to provide<br>advice on legionella and check sites and has launched a<br>training module on the corporate e-learning system to assist<br>the relevant officers in understanding legionella. |
|--|--|-----------|----------------|------------|--|
|--|--|-----------|----------------|------------|--|

|   | <b>X</b> |
|---|----------|
| - | <u> </u> |

## Risk CR. 11 - Failure to adequately manage sickness absence resulting in delays and an inability to deliver Council services.



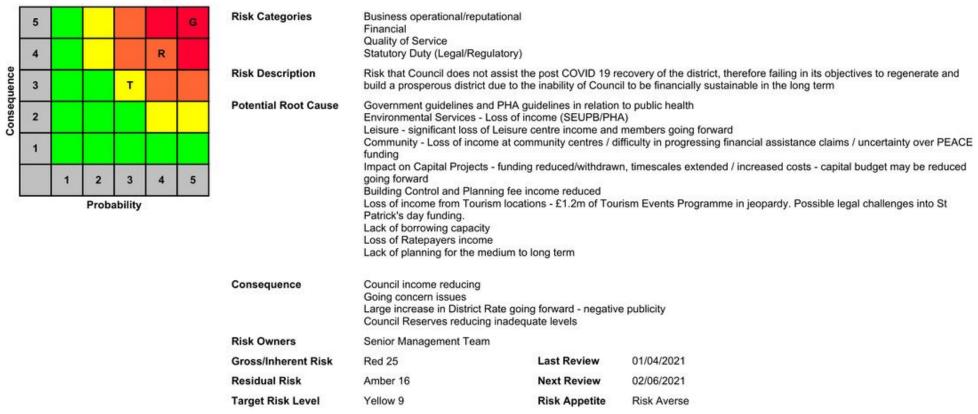
#### **Action Plans**

|   | Action Plan Description  | Action Plan<br>Type | Action Plan Owner         | Action Plan<br>Action Date | Comments   |
|---|--|---------------------|---------------------------|----------------------------|--|
| Mainstream absence<br>management across the<br>organisation | Mainstream effective absence management by ensuring the<br>consistent application and implementation of the Managing<br>Absence Procedure across the organisation. |                     | Senior Management<br>Team | 28/05/2021                 | Implement the recommendations arising from the internal<br>audit of HR Policies which is scheduled to be considered by<br>the Audit Committee in April 2021. |
| Redeployment of Staff                                       | Redeployment requests to move staff into critical service areas.   | Completed           | Senior Management<br>Team | 22/04/2021                 | Redeployment requests to move staff into critical service<br>areas is ongoing but demand has reduced significantly.  |

4. Health and Wellbeing Working Group/Team

5. Human Resources Team

# Risk CR. 12 - Risk that Council does not assist the post COVID 19 recovery of the district, therefore failing in its objectives to regenerate and build a prosperous district due to the inability of Council to be financially sustainable in the long term



#### Objectives

Invest in and support new and growing businesses, job creation and employment skills

Provide accessible, high-quality and integrated services through continuous improvement

| Key | <b>Controls Identified</b> |  |
|-----|----------------------------|--|
|-----|----------------------------|--|

- 1. Public Health guidance being followed in relation to the closure of facilities and buildings
- 2. Monthly Management Accounts completed by Finance
- 3. Working with ALFCO around a Council wide position to DfC and DoF
- 4. Multi agency Community Hub
- 5. COVID-19 budgets
- 6. NMDDC COVID-19 Recovery Group

#### **Action Plans**

|  | Action Plan Description  | Action Plan<br>Type | Action Plan Owner         | Action Plan<br>Action Date | Comments   |
|--|--|---------------------|---------------------------|----------------------------|--|
| Central Government   | Finance officers and Chief Executive lobbying central<br>government for additional financial support package for<br>Councils   | In Progress         | Senior Management<br>Team | 30/06/2021                 | Bids to DfC have been successful and payments will<br>continue.  |
| Corporate Plan 2021-23   | The Corporate Plan 2020-23 was scheduled to be<br>published in April 2020. In response to the COVID-19<br>pandemic, the launch of the Corporate Plan was postponed<br>until Q3 2020-21.  | Completed           | Senior Management<br>Team | 22/04/2021                 | The Corporate Plan 2021-23 was approved and adopted by<br>the Council in January 2021 and has been formally<br>launched through the Council's website and social media<br>platforms.   |
| COVID-19 Recovery<br>Revitalisation Programme and<br>virtual support for local<br>businesses | Continued support for local businesses to re-open, survive<br>and thrive in the current and post COVID-19 environments,<br>through a range of programmes and initiatives.  | In Progress         | Conor Mallon              | 28/05/2021                 | Numerous events, direct business engagement and<br>mentoring initiatives have been delivered and advertised<br>through online social media platforms, including the NMD<br>Business Twitter Page. The delivery of the COVID-19<br>Recovery Revitalisation Programme is underway, providing<br>grant aid to urban and rural businesses and addressing<br>issues around dereliction. To date, the Council has issued<br>approximately 650 letters of offer, with a combined value of<br>£700,000, to assist local businesses as they navigate the<br>impact of COVID-19. |
| COVID-19 Recovery Working<br>Group   | Councillor / Officer Working Group to provide over-arching<br>strategic direction by planning ahead to support the<br>Council's response to and recovery from COVID-19,<br>resuming normal business and service provision across all<br>departments and continuing to provide support and<br>guidance to local businesses and the community/voluntary<br>sector. | In Progress         | Conor Mallon              | 28/05/2021                 | The Working Group was established in January 2021 and<br>has met twice. Meetings were held with key stakeholders to<br>facilitate the development of integrated action plans to<br>assist the organisation in planning ahead and recovering<br>from the impact of the pandemic. Support to local<br>businesses is ongoing.   |
| DEARA Funding  | Funding for extra cost in relation to Waste during COVID19   | In Progress         | Senior Management<br>Team | 30/06/2021                 | Bids have been successful and payments are ongoing.  |
| Emergency Business Plans   | Emergency Business Plans for each Directorate have been<br>developed and approved by Committee to plan ahead, co-<br>ordinate activity and focus on business recovery.   | In Progress         | Senior Management<br>Team | 28/05/2021                 | The Q1 review of the implementation of Emergency<br>Business Plans, which focused on the 'lockdown' phase of<br>the pandemic was reported to Committee in September<br>2020. The next review of Emergency Business Plans will<br>be reported to the relevant Council Committee in May 2021.  |
| Potential Insurance Claim  | Discussion with Insurance Broker about a possible claim for<br>Business interruption due to COIVD19  | In Progress         | Colin Quinn               | 31/05/2021                 | Work ongoing with insurance broker to establish the<br>likelihood of success when compared with the other<br>sources of funding Council has received.  |



#### Objectives

Advocate with others for the benefit all the people of the District

Continue to improve the health and wellbeing of everyone in the district and reduce health inequalities Provide accessible, high-quality and integrated services through continuous improvement

#### Key Controls Identified

1. Brexit Forum established and operational

2. Internal Brexit Working Group established and meeting regularly to plan for and respond to organisational impacts

- 3. Participation in Cross Council Brexit working group, liaising with NI Executive Office
- 4. Regular liaison with PSNI via PCSP in relation to issues arising

5. Multi agency collaboration and daily sitrep meetings between the Council and DAERA

| Action Plans  |   |                     |                   |                            |  |
|---|---|---------------------|-------------------|----------------------------|--|
|   | Action Plan Description   | Action Plan<br>Type | Action Plan Owner | Action Plan<br>Action Date | Comments   |
| EU Registration Clinics and<br>Settlement Scheme                      | Continued support for vulnerable migrants and migrants<br>living, working and studying in the District beyond 30 June<br>2021, through the Ethnic Minority Support Centre.  | In Progress         | Michael Lipsett   | 28/05/2021                 | Support with the EU Settlement Scheme continues and<br>approximately 10 people/families are registered on a weekly<br>basis. A number of families are still waiting on a decision<br>from the Home Office, some of whom may be refused<br>'settled' or 'pre-settled' status and will have to leave NMD<br>after June 2021. Homeless EU citizens (currently housed in<br>Belmont Hall, Newry): some have no documents and<br>cannot register and some have pre-settled status but this<br>does not give them access to benefits. When lockdown<br>restrictions ease, these residents will have nowhere to live.   |
| Support for local communities   | Ensure mechanisms are in place for community support.   | In Progress         | Michael Lipsett   | 28/05/2021                 | Ongoing meetings of the Community Co-ordination Hub to<br>review community needs are met through for example<br>foodbanks and community cohesion.  |
| Support local businesses in<br>operating under the new NI<br>protocol | The Council continues to closely monitor the impact of<br>Brexit on funding streams and service provision at a local<br>level. The Council is also providing support, advice and<br>guidance to local businesses as they anticipate and<br>manage the changes associated with Brexit. | In Progress         | Conor Mallon      | 28/05/2021                 | The Council is engaging stakeholders through the Brexit<br>Forum and internal Brexit Working Group, which meet<br>regularly and continue to provide support, advice, guidance<br>and signposting to Government agencies through the<br>website, social media channels and ezines. The Council is<br>also holding Brexit preparation workshops through existing<br>mentoring programmes and will seek to develop additional<br>support and interventions, as identified through ongoing<br>engagement with the business sector.<br>Trade deal negotiations need to be monitored and there are<br>some immigration policy concerns for workforce planning.<br>The Council is also working with key stakeholders in<br>relation to future EU funded programmes. |
| Warrenpoint Port  | Ensure the required infrastructure and expertise is in place<br>at Warrenpoint Port, to efficiently process imports and trade<br>flow from the port.  |                     | Michael Lipsett   | 28/05/2021                 | Work commenced onsite on 3 January 2021, staff have<br>been appointed and terms and conditions have been<br>agreed. Employees have been allocated parking spaces<br>within the port to mitigate against the risk of lone working<br>and external threats. Threat assessments are carried out<br>by the PSNI on a weekly basis. There are weekly sitrep<br>meetings with DAERA and stakeholder meetings take place<br>twice per week.   |



#### Objectives

Provide accessible, high-quality and integrated services through continuous improvement

#### **Key Controls Identified**

- 1. Technical security controls and arrangements
- 2. Back up arrangements
- 3. Business Continuity Planning
- 4. Participation in threat intelligence networks
- 5. Engagement with Cyber bodies
- 6. Phishing simulation and learning exercises
- 7. Penetration testing and vulnerability scanning

29 of 32

| Action Plans                                 |  |                     |                   |                            |          |  |
|--|--|---------------------|-------------------|----------------------------|----------|--|
|  | Action Plan Description  | Action Plan<br>Type | Action Plan Owner | Action Plan<br>Action Date | Comments |  |
| Cyber Incident<br>Response/Disaster Recovery | Establish and test cyber incident response and disaster<br>recovery capabilities   | Proposed            | Gavin Ringland    | 31/12/2021                 |          |  |
| IT Strategy                                  | Implement additional security tools including multifactor<br>authentication, conditional access and modern<br>authentication where possible and appropriate  | Proposed            | Gavin Ringland    | 31/12/2021                 |          |  |
| Training/Development Plans                   | Increase User resilience<br>Continue to engage with and follow guidance from the<br>National Cyber Security Centre (NCSC)<br>Continue to use Active Cyber Defence tools from NCSC<br>and supplement with vulnerability scans, actioning<br>recommendations resulting therefrom where possible and<br>appropriate | Proposed            | Gavin Ringland    | 28/05/2021                 |          |  |

|   | 5 |   |       |         |   | G | <b>Risk Categories</b>  | Business operational/reputational<br>Impact on individuals (staff or public)<br>Quality of Service<br>Failure to provide an effective IT Service |                      |  |  |
|---|---|---|-------|---------|---|---|-------------------------|--|----------------------|--|--|
|   | 4 |   |       | R       |   |   | <b>Risk Description</b> |  |                      | Failure to provide an effective IT Service |  |
|   | 3 |   |       | т       |   |   |                         | Failure to respond to and recover<br>Failure to predict service requirem   |                      | nt within, or impacting upon, the Council  |  |
|   | 2 |   |       |         |   |   | Potential Root Cause    | Resistance to change both interna<br>Lack of resources for new IT syste  |                      |  |  |
| 1 | 1 |   |       |         |   |   |                         | Lack of staff with specialist expert<br>IT systems not being secure - Cou  | ise                  | tome backed                                |  |
| - |   | 1 | 2     | 3       | 4 | 5 |                         | COVID19 - increase in the risk of  | cyber fraud          | risk of Councils servers being breached    |  |
|   |   |   | Proba | ibility |   |   | Consequence             |  |                      |  |  |
|   |   |   |       |         |   |   | Risk Owners             | Dorinnia Carville  |                      |  |  |
|   |   |   |       |         |   |   | Gross/Inherent Risk     | Red 25   | Last Review          | 01/04/2021                                 |  |
|   |   |   |       |         |   |   | Residual Risk           | Amber 12   | Next Review          | 02/06/2021                                 |  |
|   |   |   |       |         |   |   | Target Risk Level       | Yellow 9   | <b>Risk Appetite</b> | Risk Averse                                |  |

#### Objectives

Provide accessible, high-quality and integrated services through continuous improvement

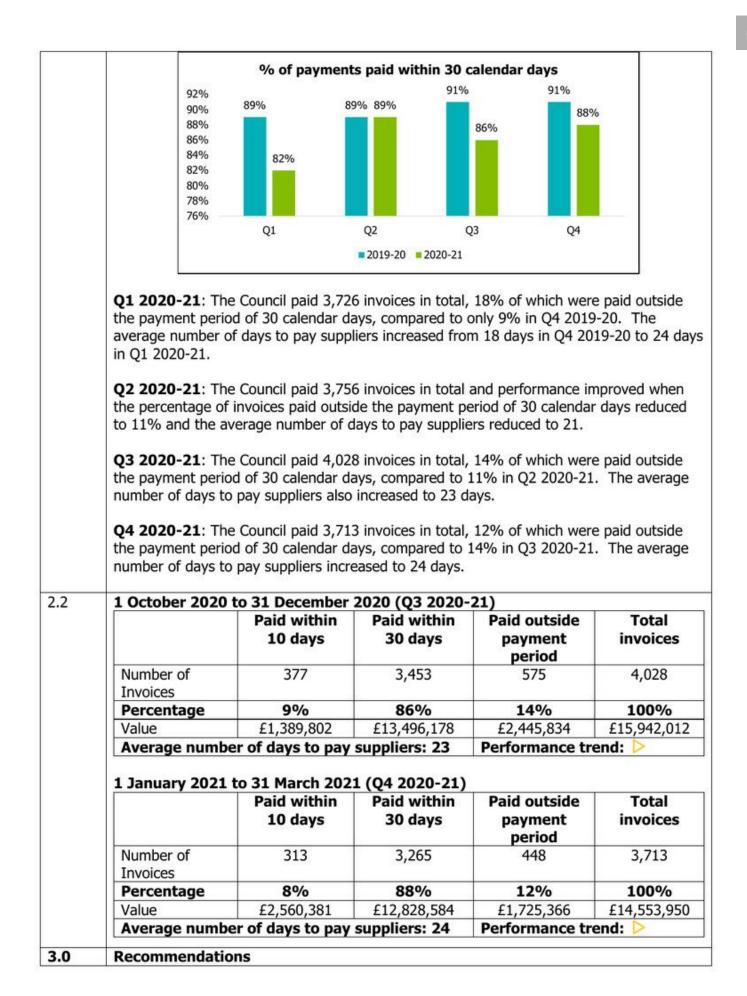
#### **Key Controls Identified**

- 1. IT Strategy now in place
- 2. Clustered and/or replicated server and storage architecture
- 3. Off site back ups
- 4. IT Business Continuity Plans
- 5. IT project Boards in operation
- 6. Leisure Services System introduced
- COVID19 an extra 175 laptops were sourced to provide increasing capacity for homeworking
- COVID19 Daily monitoring of our networks by IT for Breaches and attacks on our systems
- COVID19 The new telephony system along with the Council WiFi project has aided remote working

| Action Plans                                      |   |                     |                   |                            |  |
|---|---|---------------------|-------------------|----------------------------|--|
|   | Action Plan Description   | Action Plan<br>Type | Action Plan Owner | Action Plan<br>Action Date | Comments   |
| IT Disaster Recovery/Business<br>Continuity Plans | Identify and address gaps in IT Disaster Recovery/Business<br>Continuity Plans and increase the resilience of legacy IT<br>systems until the IT Strategy is fully implemented-<br>Recommendation coming from 2017/18 internal audit plus<br>controls which IT section want implemented. |                     | Gavin Ringland    | 30/04/2021                 | The following components of the IT Infrastructure have now<br>been made highly available incorporating strong BC&DR<br>service levels, RTOs (Recovery Time Objectives) and<br>RPOs (Recovery Point Objectives).<br>eMail<br>Leisure Management System<br>Active Directory/DNS/DHCP<br>Fixed Telephony<br>Wide Area Network<br>Remote Access<br>Firewall and Perimeter Security<br>Local Area Network<br>WiFi<br>Whilst progress has been made in increasing the availability<br>and resilience of the remaining on-premise infrastructure,<br>some work is still required to consolidate these onto a<br>single supported platform, capable of meeting the Councils<br>RTOs and RPOs and the standards required to support a<br>transition to IT Managed Service. This work is on track to<br>complete by April 2021, prior to handover to managed IT<br>services. |

| Report to:                                  | Audit Committee                               |
|---|---|
| Date of Meeting:                            | 22 April 2021                                 |
| Subject:                                    | Prompt Payment Statistics                     |
| Reporting Officer<br>(Including Job Title): | Gerard Byrne: Audit Services Manager          |
| Contact Officer<br>(Including Job Title):   | Ken Montgomery: Assistant Director of Finance |

| For d | ecision For noting only X   |
|-------|---|
| 1.0   | Purpose and Background  |
| 1.1   | <ul><li>'Prompt payment' is the payment of valid supplier invoices by public bodies, as set in government targets.</li><li>This dataset contains the:</li></ul>   |
|       | <ul> <li>Total amount paid by each Northern Ireland council to suppliers</li> <li>Total number of invoices</li> <li>Number of invoices paid within 10 working days</li> <li>Number of invoices paid within 30 calendar days</li> <li>Number of invoices paid outside 30 calendar days</li> </ul>  |
|       | Adherence to the policy is not mandatory for councils, but in a letter issued to council chief executives in October 2013, the Department of Environment's Local Government Policy Division said that: 'District councils are encouraged to pay suppliers as promptly as possible and to endeavour to meet the 10 day prompt payment commitment made by Northern Ireland Executive in response to the current economic position'. |
|       | In 2019/20, Newry, Mourne and Down District Council paid 89.9% of invoices within 30 calendar days, 17.2% invoices within 10 working days and 10.1% of invoices outside the target of 30 calendar days.   |
| 2.0   | Key issues  |
| 2.1   | The COVID-19 pandemic has had a clear impact on the payment of invoices at Newry,<br>Mourne and Down District Council. In 2019/20 the Council paid 90% of invoices within the<br>payment period of 30 calendar days, compared to 86% for 2020/21.   |



| 31  | To note:  |             |
|-----|---|-------------|
|     | The Q3 and Q4 2020-21 Prompt Payment statistics   |             |
| 4.0 | Resource implications   |             |
| 4.1 | The Accounts Payable Team provide statistics to the Department for Communities on quarterly basis.  | a           |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections)   | te          |
| 5.1 | General proposal with no clearly defined impact upon, or connection to, spe<br>equality and good relations outcomes   | ecifi       |
|     | It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations   | $\boxtimes$ |
| 5.2 | Proposal relates to the introduction of a strategy, policy initiative or practic<br>and / or sensitive or contentious decision  | ce          |
|     | Yes 🗌 No 🖾  |             |
|     | If yes, please complete the following:  |             |
|     | The policy (strategy, policy initiative or practice and / or decision) has been equality screened   |             |
|     | The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation  |             |
| 5.3 | Proposal initiating consultation  |             |
|     | Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves |             |
|     | Consultation period will be 12 weeks  |             |
|     | Consultation period will be less than 12 weeks (rationale to be provided)   |             |
|     | Rationale:  | 162 7       |
|     | Consultation not required.  |             |
| 6.0 | Due regard to Rural Needs (please tick all that apply)  |             |
| 6.1 | Proposal relates to developing, adopting, implementing or revising a policy /<br>strategy / plan / designing and/or delivering a public service   |             |

|     | Yes 🔲 No 🖾                              |  |
|-----|---|--|
|     | If yes, please complete the following:  |  |
|     | Rural Needs Impact Assessment completed |  |
| 7.0 | Appendices                              |  |
|     | None                                    |  |
| 8.0 | Background Documents                    |  |
|     | None                                    |  |

| Report to:                                  | Audit Committee                                    |
|---|--|
| Date of Meeting:                            | 22 April 2021                                      |
| Subject:                                    | Draft Performance Improvement Objectives 2021-22   |
| Reporting Officer<br>(Including Job Title): | Dorinnia Carville – Director: Corporate Services   |
| Contact Officer<br>(Including Job Title):   | Kate Bingham – Head of Performance and Improvement |

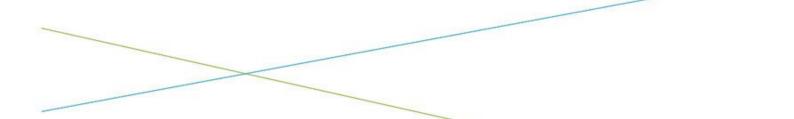
| For decision | For noting only X   |
|--------------|---|
| 1.0          | Purpose and Background  |
| 1.1          | Part 12 of the Local Government (NI) Act 2014 sets out a General Duty of<br>Improvement for local government, whereby all District Councils are required to<br>put in place arrangements to secure continuous improvement in the exercise of<br>their functions. Each financial year, Councils are also required to set performance<br>improvement objectives for the services they provide. These objectives can span<br>more than one year, with intermediary milestones, which must be reviewed<br>annually. |
|              | In 2017-18, the Council set five performance improvement objectives which were directly aligned to community planning outcomes and corporate priorities, and were carried forward to 2018-19 and 2019-20. These objectives have now been reviewed and updated within the context of the Corporate Plan 2021-23 and the following 'proposals for improvement' which were put forward by the NI Audit Office in 2019:   |
|              | <ul> <li>The Council should redefine objectives so that they are more specific rather<br/>than aspirational and open-ended. This would enhance both transparency<br/>and meaningfulness of the Council's commitment to continuously improve<br/>its functions as it should be easier to link projects to objectives and see<br/>how the completion of projects contributes to the achievement of the<br/>identified objective.</li> </ul>   |
|              | <ul> <li>The Council should review the measures of success attributed to the<br/>supporting actions underpinning the improvement objectives and ensure<br/>that the measures are meaningful and their achievement demonstrates<br/>improvement.</li> </ul>  |
| 2.0          | Key issues  |
| 2.1          | The guidance issued by the Department for Communities states that performance<br>improvement is more than just quantifiable gains in service output or efficiency, of<br>in the internal effectiveness of an organisation. Improvement should focus on<br>activity that enhances the sustainable quality of life and environment for<br>communities.  |
|              | Councils should therefore frame improvement objectives so as to bring about improvement in at least one of the following specified aspects of improvement:  |

|     | <ul> <li>Strategic effectiveness</li> <li>Service quality</li> <li>Service availability</li> <li>Fairness</li> <li>Sustainability</li> <li>Efficiency</li> <li>Innovation</li> </ul>   |
|-----|--|
| 2.2 | Councils should also determine their objectives for improvement based on critical self analysis, taking account of a wide range of evidence. All improvement objectives should relate to improving the functions and services to citizens, and be:   |
|     | <ul> <li>Legitimate</li> <li>Clear</li> <li>Robust</li> </ul>  |
|     | <ul><li>Deliverable</li><li>Demonstrable</li></ul>   |
| 2.3 | The proposed performance improvement objectives for Newry, Mourne and Down<br>District Council are outlined in <b>Appendix 1</b> and have been approved by the<br>Strategy, Policy and Resources Committee:  |
|     | <ol> <li>We will encourage local people to lead healthy and active lives by<br/>improving the quality of our parks and open spaces</li> <li>We will grow the economy by supporting local businesses and creating new<br/>jobs</li> <li>We will improve the cleanliness of our District by addressing littering, fly</li> </ol> |
|     | <ul><li>tipping and dog fouling incidents</li><li>4. We will build the capacity of local communities through the Financial<br/>Assistance Scheme</li></ul>   |
|     | <ol> <li>We will improve the processing times of planning applications and<br/>enforcement cases by implementing the Planning Service Improvement<br/>Programme</li> </ol>   |
| 2.4 | Councils are required to consult and engage a range of stakeholders, including citizens, businesses and partner organisations on the performance improvement objectives. The proposed eight week consultation programme will run from 15 March-10 May 2020 and will consist of the following elements:                         |
|     | <ul> <li>Electronic survey published on the Council's website and social media<br/>channels, and circulated to internal and external stakeholders</li> <li>Public advertisements in local newspapers</li> </ul>  |
|     | <ul> <li>Engagement with DEA Forums and Section 75 groups, through Youth<br/>Councils and Older People's Forum</li> </ul>  |
|     | Consultation feedback will inform the final objectives which form part of the Performance Improvement Plan 2021-22. An overview of the overall approach to develop and publish the Performance Improvement Plan by 30 June 2021, in line with statutory requirements, is outlined in <b>Appendix 2</b> , and has been approved |

| 2.5 | Delivery plans for each performance improvement objective will also be developed.<br>These plans will demonstrate, in practical terms, how the Council will manage the<br>effective delivery of each objective. Objective Delivery Plans are dynamic and will<br>be reviewed and updated on a continuous basis, in order to ensure the Council has<br>the necessary resources and processes in place to support the delivery of each<br>objective.  |
|-----|---|
| 3.0 | Recommendations   |
| 3.1 | <ul> <li>To note:</li> <li>The five draft performance improvement objectives 2021-22, as outlined in <b>Appendix 1</b></li> <li>The proposed approach and timetable for publishing the Performance Improvement Plan 2021-22, by 30 June 2021, as outlined in <b>Appendix 2</b></li> </ul>   |
| 4.0 | Resource implications   |
| 4.1 | The development and publication of the Performance Improvement Plan 2021-22 will be delivered within existing resources.  |
| 5.0 | Equality and good relations implications  |
| 5.1 | <ul> <li>The draft performance improvement objectives 2021-22 have been equality screened and it is recommended that they are not subject to an equality impact assessment (with no mitigating measures required).</li> <li>In relation to the proposed eight-week consultation process, whilst the Council's Equality Scheme commits to holding consultation exercises relevant to the statutory duties for a minimum of twelve weeks, it also sets out exceptional circumstances where the twelve weeks may not apply. In this instance, it is proposed that the Council implements an eight-week consultation process in order to ensure the deadline for publishing the Performance Improvement Plan 2021-22 by 30 June 2021 is met.</li> <li>It should also be noted that the performance improvement objectives 2021-22 have been developed based the content of existing strategies, including the Corporate Plan 2021-23, which have been informed by a robust and reliable quantitative and qualitative evidence base, including the COVID-19 consultation in 2020.</li> </ul> |
| 6.0 | Rural Proofing implications   |
| 6.1 | A Rural Needs Impact Assessment has been carried out and there are no rural proofing implications contained within this report.   |
| 7.0 | Appendices  |
|     | Appendix 1 – Draft Performance Improvement Objectives 2021-22<br>Appendix 2 - Overall approach and timetable for developing and publishing the<br>Performance Improvement Plan 2021-22  |
| 8.0 | Background Documents  |

# Newry, Mourne and Down District Council

# Consultation on the draft Performance Improvement Objectives 2021-22





## **Our Duty of Improvement**

Part 12 of The Local Government Act (NI) 2014 sets out a General Duty of Improvement for local government, whereby all District Councils are required to put in place arrangements to secure continuous improvement in the exercise of their functions.

The Council is required to set performance improvement objectives for the services it provides on an annual basis, and to have in place arrangements to achieve these objectives. Each performance improvement objective must bring about improvement in at least one of the following aspects of improvement:

- Strategic effectiveness
- Service quality
- Service availability
- Fairness
- Sustainability
- Efficiency
- Innovation

Improvement for Councils should focus on enhancing the sustainable quality of life for ratepayers and local communities, and each objective should be clearly linked to the community planning outcomes for the District.

The draft performance improvement objectives 2021-22 for Newry, Mourne and Down District Council are aligned to the following regional and local plans which influence the overall direction of travel of the organisation, and have been developed based on extensive consultation with key stakeholders:

- Draft Programme for Government
- Newry, Mourne and Down Community Plan
- Newry, Mourne and Down District Council Corporate Plan 2021-23
- Thematic Plans and Strategies, including the Tourism Strategy, Regeneration and Economic Development Strategy and Play Strategy

Once agreed, the performance improvement objectives 2021-22 will be published in the annual Performance Improvement Plan. This plan will provide more detail about what we want to improve, how we will deliver improvements, how our performance will be measured and what improvements stakeholders will experience as a result of our activity.

# **Our draft Performance Improvement Objectives 2021-22**

- 1. We will encourage local people to lead healthy and active lives by improving the quality of our parks and open spaces
- 2. We will grow the economy by supporting local businesses and creating new jobs
- 3. We will improve the cleanliness of our District by addressing littering, fly tipping and dog fouling incidents
- 4. We will build the capacity of local communities through the Financial Assistance Scheme
- 5. We will improve the processing times of planning applications and enforcement cases by implementing the Planning Service Improvement Programme

These objectives have been selected based on the following criteria:

- Does the objective support the delivery of the Programme for Government, Community Plan and Corporate Plan 2021-23?
- Do the objectives demonstrate improvement in at least one of the seven aspects of improvement? (strategic effectiveness, service delivery, service availability, fairness, sustainability, efficiency, innovation)
- Are the objectives SMART? (specific, measurable, achievable, realistic, timebound)
- Are the resources in place to deliver the objective? (financial, human, leadership, skills, knowledge, governance, risk)
- Are the objectives based on robust and reliable evidence and will they make a visible difference in the local area?
- How well are we performing?

#### Legend:

|         | Status   | Trend            |   |
|---------|--|------------------|---|
| $\odot$ | Target or objective achieved / on track to be achieved                               | Δ                | Performance has improved                    |
| (::)    | Target or objective partially achieved /<br>likely to be achieved / subject to delay | $\triangleright$ | Performance is similar to the previous year |
| $\odot$ | Target or objective not achieved /<br>unlikely to be achieved                        | $\nabla$         | Performance has declined                    |

\*It should be noted that the performance information contained in the 'Looking Back' section of this report may be subject to change when the results are verified and reported through the Assessment of Performance 2020-21 in September 2021.

# **Community Plan for Newry, Mourne and Down**

The Community Plan has been developed and agreed by the Community Planning Partnership Board. Entitled 'Living Well Together', the Community Plan provides a framework for collaborative working to deliver positive change for our communities, and sets out the following long term overarching vision for the District:

#### 'Newry, Mourne and Down is a place with strong, safe and vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people's needs'.

Through the Community Plan, the following five positive outcomes have been identified:

#### Our Outcomes

These are the positive outcomes we all wish to see in our community.

| All people in Newry,<br>Mourne and Down<br>get a good start in life<br>and fulfil their lifelong<br>potential | All people in Newry,<br>Mourne and Down<br>enjoy good health and<br>wellbeing                  | All People in<br>Newry, Mourne<br>and Down benefit<br>from prosperous<br>communities |
|---|--|--|
| All people in Newry,<br>Mourne and Down<br>benefit from a clean,<br>quality and sustainable<br>environment    | All people in Newry,<br>Maurne and Down live<br>in respectful, safe and<br>vibrant communities |  |

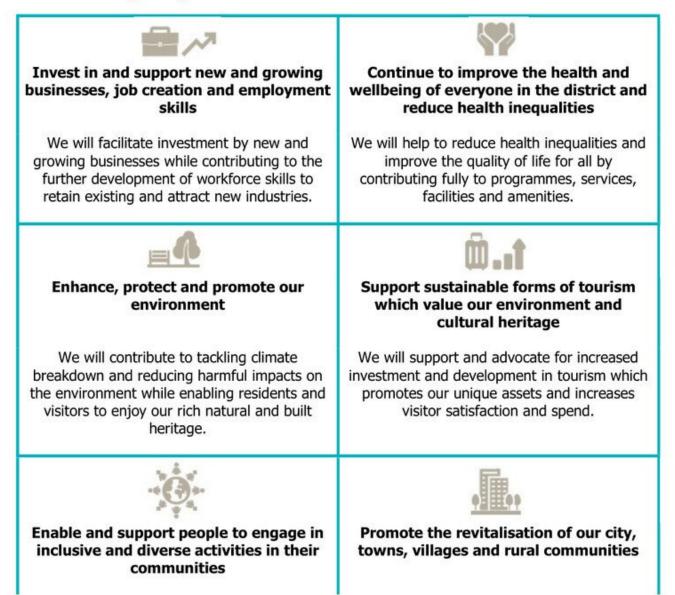
## Newry, Mourne and Down District Council Corporate Plan 2021-23

The Corporate Plan 2021-23 sets out the strategic direction of the organisation over the next two years. It ties together a number of plans and strategies that will enable the Council to achieve the following mission and eight strategic objectives. The Corporate Plan will also contribute the achievement of the overarching vision and outcomes within the Community Plan.

#### **Council Mission Statement**

# **`To support and advocate for a welcoming District which is progressive, healthy and sustainable, providing better economic, environmental and social outcomes for all'.**

## Council Strategic Objectives





## Your voice, your choice!

Newry, Mourne and Down District Council is inviting you to put forward your views on the draft performance improvement objectives 2021-22. We are keen to ensure that our performance improvement objectives have a positive impact on the quality of life of all stakeholders across the District, including citizens, local businesses, partner organisations in the statutory, voluntary and community sectors, employees and Elected Members.

A questionnaire has been included on page 18 of this document for all stakeholders to complete and return to:

Email: performance@nmandd.org Address: Community Planning and Performance Newry, Mourne and Down District Council O'Hagan House, Monaghan Row Newry, Co Down N. Ireland, BT35 8DJ

The questionnaire is also available on our website and social media channels, through the link below.

#### https://www.newrymournedown.org/performance

Alternatively, if you prefer to provide comments in person, please contact us on:Tel:0330 137 4000Email:performance@nmandd.org

#### The closing date for responses is: 10 May 2021.

# Performance Improvement Objective 1

|  | rage local people to lead healthy and active lives   |               |
|--|--|---------------|
| by improving<br>Why this<br>matters                  | <ul> <li>the quality of our parks and open spaces</li> <li>but told us that:</li> <li>The impact of COVID-19 on mental health and well-being is one of your top concerns</li> <li>To alleviate the impact of COVID-19, the Council should provide well maintained parks and green spaces</li> <li>'Improving people's health and wellbeing (and reducing health inequalities)' is your second highest priority for improvement</li> <li>Over the past two years, investment in local community projects such as parks, has become more important to you</li> <li>the COVID-19 pandemic has reinforced the strong correlation between ealthy lifestyles and outdoor recreation. Since the lockdown restriction ised in May 2020, the Council's greenways and blueways have become creasingly popular, providing excellent opportunities for people of all ges and abilities to lead healthy and active lives whilst enjoying the atural beauty of our District.</li> <li>betweer, high visitor numbers can put pressure on parks and open baces, particularly in relation to car park congestion, littering, responsible behaviour and general wear and tear on the environment. omoting good visitor management will enhance the quality of the bancil's parks and open spaces, ensuring they are welcoming, safe and ealthy.</li> </ul> | s,<br>ns<br>e |
| Looking Back:<br>What we did in<br>2020-21           | <ul> <li>New counter system being installed at forest parks</li> <li>3 'blue flag' beaches and 4 'green flag' parks</li> </ul>   |               |
|  | Green flag heritage accreditation achieved for Warrenpoint<br>Municipal Park   | -             |
| Looking<br>Forward: What<br>we will do in<br>2021-22 | <ul> <li>Continue to develop the district's bid to achieve UNESCO Global Geopark designation</li> <li>Invest in walking trails at Kilbroney Park and Rostrevor Forest, new visitor facilities at Tyrella beach and outdoor performance and interpretive improvements at Slieve Gullion Forest Park</li> <li>Explore options to install a visitor counter system at Delamont Country Park</li> <li>Promote good visitor management across all Council parks and open spaces</li> <li>Retain green flag accreditation for Kilbroney Park, Slieve Gullion Forest Park, Warrenpoint Municipal Park and Newry Canal and heritage accreditation for Warrenpoint Municipal Park</li> <li>Apply for green flag accreditation for Delamont Country Park and heritage accreditation for Newry Canal</li> </ul>   |               |

| ε. |    | 10 | Μ. |  |
|----|----|----|----|--|
| F. | Ξ. | -  | 1  |  |
|    |    |    |    |  |

|  | • Bui   | ches  | ag accredita<br>v play parks   |   |   |   |                   |
|--|---|---|--|---|---|---|-------------------|
| How we will me<br>success  | asure   | 2017-18<br>Actual   | 2018-19<br>Actual  | 2019-20<br>Actual   | Status<br>Trend   | Q1/Q2/Q3<br>2020-21<br>Actual                           | 2021-22<br>Target |
| Number of recorded   | d visits at:  |   |  |   |   |   |                   |
| Kilbroney Park*  |   | 447,616   | 453,704  | 454,848   | $\Delta$  | Data  | No                |
| Slieve Gullion Fores   | t Park*   | 341,888   | 253,376  | 366,444   | $\Delta$  | incomplete  | targets           |
| Carlingford Lough C  | Greenway**  | ×   | 40,219   | 73,138  | $\Delta$  | 34,542  | set               |
| Warrenpoint Munici   | pal Park  | 2   | -  | 205,126   | 1.045   | 78,726  | 35,000            |
| Number of parks wi<br>flag accreditation                                 |   | 2   | 3  | 3   | $\triangleright$  | 4   | 5                 |
| Number of parks wi<br>flag heritage accred                               |   | ÷   | -  | 9   |   | 1   | 2                 |
| Number of beaches<br>flag accreditation**                                | with blue   | 3   | 3  | 3   | $\odot$   | 2   | 3                 |
| Number of new/upg<br>parks****   | graded play   | ē.  | 17   | 9   | $\nabla$  | 0   | 6                 |
|  | <ul> <li>Five the the Thr</li> </ul>  | Council's<br>ee blue fla  | 1 100 101  | nd two gree   |   |   | ds for            |
| Alignment  | U SIX   |   | -  | or the Coun   | cil's beac  | hes   |                   |
| Anginnent  |   | nem/ upgi   | aded play pa   |   | cil's beac  | nes   |                   |
| Corporate Plan<br>2021-23  | Dist<br>• Sup   | ntinue to in<br>trict and re<br>oport susta   | -  | arks<br>health and<br>inequalities<br>s of tourism  | wellbeing   | of everyon  | e in the          |
|  | Dist     Sup     env     All     wel     All  | ntinue to in<br>trict and re<br>port susta<br>ironment<br>people in l<br>lbeing   | aded play pa<br>mprove the l<br>educe health<br>ainable forms  | arks<br>health and<br>inequalities<br>of tourism<br>heritage<br>rne and Do  | wellbeing<br>s<br>1 which v<br>wn enjoy                                     | of everyon<br>alue our<br>good health                   | n and             |
| 2021-23<br>Community Plan<br>Programme for                               | Dist<br>Sup<br>env<br>All<br>wel<br>All<br>con<br>We                                | atinue to in<br>prict and re<br>port susta<br>ironment<br>people in l<br>lbeing<br>people in l<br>nmunities<br>all enjoy  | aded play pa<br>mprove the l<br>educe health<br>ainable forms<br>and cultural<br>Newry, Mour   | arks<br>health and<br>inequalities<br>of tourism<br>heritage<br>rne and Dou<br>rne and Dou<br>rne and Dou   | wellbeing<br>s<br>n which v<br>wn enjoy<br>wn benef<br>es                   | of everyon<br>alue our<br>good health                   | n and             |
| 2021-23<br>Community Plan<br>Programme for<br>Government<br>7 aspects of | Dist<br>Sup<br>env<br>All<br>wel<br>All<br>con<br>We<br>Peo<br>Strateg              | atinue to in<br>crict and re<br>port susta<br>ironment<br>people in l<br>being<br>people in l<br>munities<br>all enjoy<br>ple want to<br>ic                     | aded play pa<br>mprove the l<br>educe health<br>ainable forms<br>and cultural<br>Newry, Mour<br>Newry, Mour<br>Newry, Mour                                   | arks<br>health and<br>inequalities<br>of tourism<br>heritage<br>rne and Dou<br>rne and Dou<br>rne and Dou<br>rne and Dou<br>rne and visit h   | wellbeing<br>s<br>n which v<br>wn enjoy<br>wn benef<br>es                   | ) of everyon<br>alue our<br>good health<br>it from pros | n and             |
| 2021-23<br>Community Plan<br>Programme for<br>Government                 | Dist<br>Sup<br>env<br>All<br>wel<br>All<br>con<br>We<br>Peo<br>Strateg<br>effective | atinue to in<br>trict and re<br>port susta<br>ironment<br>people in l<br>being<br>people in l<br>nmunities<br>all enjoy<br>ple want to<br>ple want to<br>ple so | aded play pa<br>mprove the l<br>educe health<br>ainable forms<br>and cultural<br>Newry, Mour<br>Newry, Mour<br>Newry, Mour<br>long, healthy<br>to live, work | arks<br>health and the<br>s of tourism<br>heritage<br>me and Dou<br>me and Dou<br>rne and Dou<br>rne and Dou<br>rne and Son<br>the the second<br>rne and Son<br>the second<br>re second | wellbeing<br>s<br>n which v<br>wn enjoy<br>wn benef<br>es<br>ere<br>airness | of everyon<br>alue our<br>good health<br>it from pros   | n and<br>perous   |

\*Number of recorded visits at Kilbroney Park and Slieve Gullion Forest Park are for the calendar years of 2017/2018/2019. 2020-21 visitor data is incomplete as a new counter system is being installed. \*\*2018-19 visitor numbers for the Carlingford Lough Greenway covers the period September 2018-March 2019.

\*\*\*Whilst blue flag accreditation was awarded for the Council's three beaches in 2020-21, lifeguard services are not being offered at Murlough beach due to COVID-19 restrictions.

\*\*\*\*There were no new or upgraded play parks in 2020-21 due to the COVID-19 pandemic.

# **Performance Improvement Objective 2**

| creating no                   | You told us that:   |
|-------------------------------|---|
| matters                       | <ul> <li>The impact of COVID-19 on businesses and employment is your top concern</li> <li>To alleviate the impact of COVID-19, the Council should support local businesses, especially those which have been impacted most by lockdown restrictions</li> <li>'Supporting local businesses, attracting investment and jobs' is your top priority for improvement</li> <li>Investment to grow the economy, create jobs and attract tourists is the most important form of investment</li> </ul>   |
|                               | The economic impact of COVID-19 is unparalleled and forecasters<br>predict that economic output is unlikely to recover to pre-pandemic<br>levels until 2022 at the earliest. The local sectoral concentrations of<br>construction, manufacturing and retail suggests that Newry, Mourne and<br>Down is likely to experience the fourth worst decline in terms of GVA<br>and employment across Northern Ireland. Furthermore, across the<br>District, 35% of employees have been furloughed or made redundant,<br>320 confirmed redundancies have been recorded and the claimant count<br>for unemployment benefit has increased by 126% when compared to<br>2019.   |
|                               | To support the economic recovery of the District, the Council has issued<br>approximately 650 letters of offer, with a combined value of £700,000,<br>to assist local businesses as they navigate the impact of COVID-19.<br>Through the Regeneration and Economic Development Strategy 2020-<br>25, the Council will also work with partner organisations to unlock the<br>rich potential of the District. Programmes such as 'Go For It', 'NMD<br>Growth', 'Digital Growth', 'Tender for Growth', 'Rural Development<br>funding' and 'SEAFLAG 2' will help new and established businesses to<br>innovate, grow and expand, supporting the local economy to recover,<br>reboot and rebuild in the years ahead. |
| Looking<br>Back:              | Omega         70 new business starts supported and 64 new jobs promoted through business start activity   |
| What we did<br>between April- | 6 new social enterprise businesses supported and 6.5 new social enterprise jobs created   |
| September<br>2020             | Image: 184 businesses supported and 34.5 jobs created through `NMD<br>Growth', `Digital Growth' and `Tender for Growth'   |
|                               | 1,905 mentoring hours, 17 workshops, 2 masterclasses and 5<br>thematic programmes delivered through 'NMD Growth', 'Digital<br>Growth' and 'Tender for Growth'   |
|                               | Up to 1,000 businesses engaged in the #re:Launch Leadership<br>Summit and over 400 participants took part in NMD Enterprise<br>Week   |

| Looking<br>Forward:<br>What we will<br>do in 2021-22   | <ul> <li>local ec</li> <li>Support<br/>through</li> <li>Invest in<br/>program</li> <li>Support<br/>Growth'<br/>Trade p</li> <li>Support</li> </ul> | onomy and<br>the creat<br>the NI 'G<br>n the socia<br>nme<br>local busi<br>(, 'Digital G<br>rogramme | d safely st<br>ion of new<br>o for It' pr<br>al econom<br>nesses an<br>Growth', `T<br>ion of new | harketing c<br>imulate foo<br>businesse<br>ogramme<br>y through t<br>d create ne<br>ender for C<br>i jobs and l | otfall acro<br>is and pr<br>the Socia<br>ew jobs t<br>Growth' a | oss our Dis<br>omote nev<br>Il Enterpris<br>through 'N<br>and the 'Sa | strict<br>v jobs<br>se<br>MD<br>iles and |
|--|--|--|--|---|---|---|--|
| How we will m<br>success   | leasure  | 2017-18<br>Actual  | 2018-19<br>Actual  | 2019-20<br>Actual   | Trend   | 2020-21<br>Q1/Q2<br>Actual  | 2021-<br>22<br>Target                    |
| Number of busine<br>approved through   |  | 245  | 300  | 298   |   | 104   | 312                                      |
| Number of new bi<br>created through N  | usiness starts   | 167  | 204  | 203   | $\triangleright$  | 70  | 187                                      |
| Number of new jo<br>through NI 'Go Fo  | r It'  | 168  | 184  | 183   | $\triangleright$  | 64  | >155                                     |
| Number of social outputs created   | di .   | 12   | 9  | 10  | $\triangleright$  | 6   | 12                                       |
| Number of social of social of social of social of the soci |  | 16   | 15   | 12  | $\nabla$  | 6.5   | 12                                       |
| Number of busine<br>through 'NMD Gro   | wth'   | New  | 79   | 198   | $\Delta$  | 103   | 128                                      |
| Number of jobs cr<br>`NMD Growth'  | -  |  | 11   | 24  | $\Delta$  | 30  | 64                                       |
| Number of busine<br>through 'Digital G   | rowth'   | Ne   | w program  | me  | -   | 64  | 100                                      |
| Number of jobs cr<br>Digital Growth'   |  |  |  |   |   | 1.5   | 50                                       |
| Number of busine<br>through 'Tender f  | or Growth'   | Ne   | w program  | me  | -   | 17  | 81                                       |
| Number of jobs cr<br>Tender for Growt  | h'   | inc  | n program  |   | -   | 3   | 40                                       |
| Number of busine<br>through 'Sales and<br>programme'   | d Trade  | New programme  |  |   | -   | -   | 80                                       |
| Number of jobs cr<br>Sales and Trade p   |  | 2412-4407  |  |   |   | -   | 40                                       |
| Number of new jo<br>coastal areas (SEA   | AFLAG 2)   | New  |  | 7   | -   | 7   | Mar 23:<br>5.5                           |
| Number of new bi<br>created in coastal<br>2)   | 121010101010101010101010101010101010101  | program  | me   | 0   | -   | 1   | Mar 23:<br>2                             |
| What you<br>will see by<br>March 2022  | and at l<br>progran<br>12 socia<br>389 bus<br>Growth   | east 155 r<br>nme<br>al enterpris<br>sinesses su   | new jobs p<br>ses and 12<br>upported a<br>Growth' an   | ed with an a<br>promoted th<br>2 social ent<br>and 194 job<br>d `Tender f                                       | erprise jo<br>s create  | ne NI 'Go I<br>obs create<br>d through                                | For It'<br>d<br>`NMD                     |

| Responsible<br>Officer      | Direct                                    | or: Enterprise, Re   | egeneration and To         | urism                |
|-----------------------------|---|--|----------------------------|----------------------|
| 7 aspects of<br>improvement |   | Service quality  | Service availability       | Innovation           |
| Programme for<br>Government | Our eco<br>carbon                         | , , ,  | npetitive, regionally bala | anced and            |
| Community<br>Plan           | prosper                                   | ous communities  | rne and Down benefit f     | rom                  |
| Corporate Plan<br>2021-23   | and em                                    | ployment skills  | nd growing businesses,     | 7.50                 |
| Alignment                   |   |  |                            |                      |
|                             | from inv<br>More su<br>employi<br>The eco | ward investment and<br>upport for new and est<br>ment opportunities a<br>pnomic recovery of Ne<br>ay, as the District be | stablished local busines   | ses and more<br>n is |

\*SEAFLAG 2 includes year on year cumulative results for each performance indicator.

# **Performance Improvement Objective 3**

| Why this matters | You told us that:   |
|------------------|---|
|                  | <ul> <li>Dog mess and dog fouling is your top perceived problem</li> <li>Rubbish or litter lying around is a problem for many of you, particularly those living in urban areas</li> <li>To alleviate the impact of COVID-19, the Council should continue to keep the local environment clean, ensure dog fouling is kept to a minimum and reduce the perceived increase in littering</li> </ul>                   |
|                  | Between 2018-19 and 2019-20, the LEAMS* score for the District reduced from 72 to 64, which was partially attributed to higher levels of littering and dog fouling. Issues around street cleanliness continue to escalate, largely as a result of the increased number of fly tipping incidents reported to the Council and the prioritisation of the refuse collection service throughout the COVID-19 pandemic. |
|                  | This approach has often resulted in the provision of a reduced street<br>cleansing service. However, the Council remains committed to<br>collaborating with partner organisations and local communities to<br>address ongoing issues around littering and fly tipping and promote<br>responsible dog ownership. Illicit dumping is a crime and the<br>continued implementation of the Dog Fouling Strategy and    |

|  | Enforcement<br>a cleaner, gro   |  |  |   |  | local pride ir  | n having  |  |  |
|--|---|--|--|---|--|---|---|--|--|
| Looking Back:<br>What we did                         | U Issued 27 fixed penalty notices   |  |  |   |  |   |   |  |  |
| between April-                                       | (i) Assist  | ance provi   | ded to 30  | communit  | y clean  | ups   |   |  |  |
| December 2020  |   | 60 schools participated in the calendar poster competition and 6,000 copies of the calendar were printed   |  |   |  |   |   |  |  |
|  | () 15 scl   | hools atten  | ded the v  | irtual teac   |  | o-Schools   |   |  |  |
| Looking<br>Forward: What<br>we will do in<br>2021-22 | - In<br>In<br>- Pr<br>ca<br>- W<br>th<br>- Er<br>re<br>• Launo<br>enviro<br>• Suppo<br>guida    | nplementin<br>nprovement<br>comoting re-<br>ampaigns a<br>vorking with<br>the impact of<br>ncouraging<br>ecyclable with<br>the 'moto<br>provemental co<br>ont local co<br>nce<br>tipate in the | ng the Dog<br>nt Plan<br>esponsible<br>and dog lic<br>h Louth Co<br>of fly tippir<br>residents<br>aste to ou<br>pile app' to<br>rime acros<br>mmunity of | dog owne<br>enses<br>ounty Count<br>of along the<br>to bring p<br>in Househo<br>of enable of<br>ss the Dist<br>clean ups, | ership the<br>ncil to rate<br>boroperly<br>old Recy<br>fficers to<br>rict<br>in line v | nd dog fouli<br>and Enforce<br>arough public<br>aise awarene<br>er area<br>sorted surpl<br>cling Centres<br>o record incid<br>with COVID-<br>re Love Here | ment<br>city<br>ess of<br>us<br>s<br>dents of<br>19 |  |  |
| How we will me<br>success                            |   | 2017-18<br>Actual  | 2018-19<br>Actual  | 2019-20<br>Actual   | Trend  | 2020-21<br>Q1/Q2/Q3<br>Actual   | 2021-<br>22<br>Target                               |  |  |
| LEAMS score (Keep<br>Cleanliness Index)              | NI Beautiful  | 72   | 72   | 64  | $\nabla$   | -   | 64  |  |  |
| Number of fixed pe<br>issued (littering and          |   | 72   | 54   | 83  | $\Delta$   | 27  | 90  |  |  |
| Number of fixed pe<br>paid (littering and c          | nalty notices   | 58   | 50   | 72  | $\Delta$   | 17  | 90  |  |  |
| Number of commur<br>supported**                      |   | 100  | 100  | 94  |  | 30  | 60  |  |  |
| Number of environr<br>funded through 'Liv<br>Here'   |   | 16   | 27   | 34  | Δ  | 24  | No<br>target<br>set                                 |  |  |
| What you will<br>see by March<br>2022                | <ul> <li>Response</li> <li>fly tip</li> <li>Improvide foulin</li> <li>Oppovide found</li> </ul> | onsible dog<br>pping and li<br>oved oppor<br>g<br>rtunities to<br>e 'Live Here   | ownershi<br>ttering<br>tunities to<br>engage in<br>Love Her  | p and red<br>p report litt<br>n commun<br>re' campaig   | uced lev<br>tering, fl<br>ity clear<br>gn  | ices issued a<br>rels of dog fo<br>y tipping an<br>n ups and pa<br>ivic and com   | ouling,<br>d dog<br>articipate                      |  |  |
| Alignment  | p.100   |  |  |   |  |   |   |  |  |
| Corporate Plan                                       | 1   |  |  |   |  |   |   |  |  |

| Responsible<br>Officer      |                            | Director: Neig                      | hbourhood Servio                | ces                  |
|-----------------------------|----------------------------|-------------------------------------|---------------------------------|----------------------|
| 7 aspects of<br>improvement | Strategic<br>effectiveness | Service<br>availability             | Innovation                      | Sustainability       |
| Programme for<br>Government | We live a                  | and work sustain                    | ably - protecting the           | e environment        |
| Community Plan              |                            | e from Newry, M<br>nd sustainable e | ourne and Down be<br>nvironment | enefit from a clean, |

\*Local Environmental Auditing Management System which is carried out by Keep Northern Ireland Beautiful.

\*\*There has been a reduction in the number of community clean ups supported due to the COVID-19 pandemic and social restrictions.

# **Performance Improvement Objective 4**

| We will bui            | Id the capacity of local communities through the   |
|------------------------|--|
| <b>Financial As</b>    | ssistance Scheme   |
| Why this<br>matters    | <ul> <li>You told us that:</li> <li>The impact of COVID-19 on 'mental health and well-being' and 'vulnerable, isolated and lonely' residents are amongst your top concerns</li> <li>To alleviate the impact of COVID-19, the Council should support community groups and charities</li> <li>'Improving community relations and safety, reducing crime and anti-social behaviour' is the third highest priority for improvement for residents</li> </ul>  |
|                        | The Council remains committed to building the capacity of local communities, enabling them to have a voice in shaping the future of their District. Through the Financial Assistance Scheme, local communities are empowered to address local issues using public funds. Since 2015-16, the Council has awarded £6.5m to 2,277 applications across a range of thematic areas including community engagement, summer schemes and festivals.   |
|                        | In recognition of the impact of the COVID-19 pandemic on mental health<br>and well being, the Council supplemented the 2020-21 Financial<br>Assistance Scheme with the thematic areas of 'suicide prevention',<br>'COVID-19' and 'COVID response and recovery'. Over £10,000 was<br>awarded to 11 applications to support suicide prevention and a further<br>£76,630 was awarded to 58 applications to assist local communities in<br>recovering from the impact of COVID-19. Each of the projects funded,<br>which included 'holiday hunger support', 'community kitchen', 'feeding<br>families' and 'friendship café', have been instrumental in building local<br>capacity and generating a sense of pride across Newry, Mourne and<br>Down. |
| Looking<br>Back:       | () £731k awarded to 377 projects across 16 thematic areas  |
| What we did in 2020-21 | Electronic Grant Management System launched and online training module developed   |

| 7     | 1 | 1 |
|-------|---|---|
| <br>л | L |   |

| caring soc<br>Servic<br>availabi   | iety th<br>e<br>lity   | at support<br>Fairr<br><b>Healthy</b>   | ness  | Inno   | ut their<br>vation   |
|--|--|---|---|--|--|
| caring soc<br>Servic   | iety th<br>e   |   |   |  |  |
| caring soc<br>Servic   | iety th<br>e   |   |   |  |  |
| caring soc   | iety th  | at support  | s people th   | nroughou   | ut their   |
|  |  | at support  | s people th   | roughou  | It their   |
| VVILLI COL   | A.A.A.   |   |   |  |  |
| with resp  |  | Sive Societ   | y where e   | ver yone   |  |
|  |  | siva sociat   | where o   | (on)(one   | is valued  |
|  |  |   | i iive iii ie   | spectrul,  | Sale   |
|  |  |   | n live in re  | cnectful   | cafe   |
|  |  |   |   |  | lise   |
| cupport p  | oonlo t  | 0 000000  | in incluciv   | a and di   | orco   |
| DOWI   |  |   |   |  |  |
| ommunity   |  |   |   |  |  |
|  |  |   |   |  |  |
|  |  |   |   |  |  |
|  |  |   |   |  |  |
| sistance   |  |   | 50012   | 50074  | ene 186385   |
|  | ible tra   | ining and   | support w   | hen appl   | ying for   |
|  |  |   |   |  |  |
|  |  |   |   | munity g   | groups   |
|  |  |   |   |  | 5.5  |
| New perfo  | rmance   | measure (   | baseline to   | be establ  | ished)   |
|  |  |   |   |  |  |
| New performance measure 2  |  |   |   |  | 2  |
| 2010   |  |   |   |  |  |
| umber of views of the online<br>aining module New performance measure  |  |   |   | 100  |  |
| /  |  |   | 0.70  |  | 0070   |
| 8% 7   | 71%  | 71%   | 64%   | D  | 66%  |
| 570 /  | 170  | /1%   | 12%   |  | /4%  |
| 90/ -  | 710/   | 710/  | 720/  | N  | 74%  |
| and the second |  | Actual  | Actual  | Trend  | Target   |
| 7-18 20  | 18-19  | 2019-20   | 2020-21   |  | 2021-22  |
|  | 7-18       20         tual       A         3%       7         awarded       7         Financial       1         ad coessistance       1         ad community       1         bown       1         support p       1         their com       1         Newry, N       1         communit       1         equal an       1 <td>7-18       2018-19         Actual       3%         3%       71%         3%       71%         3%       71%         3%       71%         New performance         awarded to loca         Financial Assistance         ad community gradistance         ad community gradistance         ad community gradistance         ad community capace         bown         support people to         their communities         equal and inclust</td> <td>7-18<br/>tual2018-19<br/>Actual2019-20<br/>Actual3%71%71%3%71%71%3%71%71%3%71%71%3%71%71%New performance m<br/>New performance measure (I<br/>awarded to local voluntary<br/>Financial Assistance Scher<br/>nd accessible training and<br/>istanceNew performance measure delivering projects acro<br/>ives from the community a<br/>to have a voice and shape<br/>ommunity capacity and coh<br/>Downsupport people to engage<br/>their communitiesNewry, Mourne and Down<br/>communities</td> <td>7-18<br/>tual2018-19<br/>Actual2019-20<br/>Actual2020-21<br/>Actual3%71%71%72%3%71%71%64%3%71%71%64%New performance measureNew performance support we perform the community and support we istancend community groups are supportednd delivering projects across a rangesupport people to engage in inclusiveNewry, Mourne and Down live in re<br/>communitiesNewry, Mourne and Down live in re<br/>communitiesequal and inclusive society where end</td> <td>tualActualActualActualIrend3%71%71%72%&gt;3%71%71%64%&gt;3%71%71%64%&gt;New performance measureNew performance measureNew performance measureNew performance measureNew performance measurebe estableawarded to local voluntary and community of Financial Assistance Schemend accessible training and support when application of the community and voluntary sectornd delivering projects across a range of themives from the community and voluntary sectorto have a voice and shape the future of theirommunity capacity and cohesion across NewrDownsupport people to engage in inclusive and divheir communitiesNewry, Mourne and Down live in respectful,communitiesequal and inclusive society where everyone</td> | 7-18       2018-19         Actual       3%         3%       71%         3%       71%         3%       71%         3%       71%         New performance         awarded to loca         Financial Assistance         ad community gradistance         ad community gradistance         ad community gradistance         ad community capace         bown         support people to         their communities         equal and inclust | 7-18<br>tual2018-19<br>Actual2019-20<br>Actual3%71%71%3%71%71%3%71%71%3%71%71%3%71%71%New performance m<br>New performance measure (I<br>awarded to local voluntary<br>Financial Assistance Scher<br>nd accessible training and<br>istanceNew performance measure delivering projects acro<br>ives from the community a<br>to have a voice and shape<br>ommunity capacity and coh<br>Downsupport people to engage<br>their communitiesNewry, Mourne and Down<br>communities | 7-18<br>tual2018-19<br>Actual2019-20<br>Actual2020-21<br>Actual3%71%71%72%3%71%71%64%3%71%71%64%New performance measureNew performance support we perform the community and support we istancend community groups are supportednd delivering projects across a rangesupport people to engage in inclusiveNewry, Mourne and Down live in re<br>communitiesNewry, Mourne and Down live in re<br>communitiesequal and inclusive society where end | tualActualActualActualIrend3%71%71%72%>3%71%71%64%>3%71%71%64%>New performance measureNew performance measureNew performance measureNew performance measureNew performance measurebe estableawarded to local voluntary and community of Financial Assistance Schemend accessible training and support when application of the community and voluntary sectornd delivering projects across a range of themives from the community and voluntary sectorto have a voice and shape the future of theirommunity capacity and cohesion across NewrDownsupport people to engage in inclusive and divheir communitiesNewry, Mourne and Down live in respectful,communitiesequal and inclusive society where everyone |

\*The methodology for scoring specific themes within the Financial Assistance Scheme was reviewed in 2020-21 and the success rate of the applications funded reduced as a number of themes were scored and ranked.

<30

weeks

70%

125

650

# **Performance Improvement Objective 5**

| We will imp  | orove  | the pro  | cessing  | times   | of plan  | ning a  | applicati  | ons                        |
|--|--|--|--|---|--|---|--|----------------------------|
| and enforce  |  |  |  | ementii   | ng the I   | Plann   | ing Serv   | vice                       |
| Improveme  |  |  |  |   |  |   | -  |                            |
| Why this<br>matters  | a key<br>role in<br>prosp                              | ring a more<br>priority for i<br>promoting<br>erity, investr<br>District.  | mproveme<br>sustainabl   | ent for the<br>e developr   | Council. I<br>nent, rege   | Planning  | g plays a sig<br>n, economic   | inificant                  |
|  | well u<br>pande<br>embee<br>the nu<br>rise, v<br>major | nplementation<br>nderway. D<br>mic, signific<br>dding moder<br>umber of pla<br>ve remain co<br>planning ap<br>y service to a | espite the<br>ant progree<br>rn, agile ar<br>nning app<br>ommitted to<br>oplications | challenges<br>ess is being<br>nd respons<br>lications re<br>to improvir<br>and enford | s presente<br>made in<br>vive ways of<br>eceived by<br>ng the proo | ed by the<br>establis<br>of working<br>the Concessing | e COVID-19<br>hing and<br>ng. Howev<br>uncil continu<br>times of loc | er, as<br>ues to<br>al and |
| Looking<br>Back:   | $\overline{\mathbf{i}}$                                | Processed<br>which is be   |  |   |  |   | within 39 v  | veeks,                     |
| What we did<br>between April-  | $\overline{\mathbf{i}}$                                | Achieved a   | in average   | processin   | g time of 2  | 22 week   | s for local p<br>of 18.4 we  |                            |
| September<br>2020  | Δ  | Achieved an average processing time of 64.6 weeks for major  |  |   | f 70.2   |   |  |                            |
|  | $\odot$  |  | d 619 plar   | ning appli  | cations, w   | hich is t   | he highest   | across                     |
|  | Δ  | Reduced the in the system  |  |   |  | cases,  | particularly   | those                      |
| Looking<br>Forward:<br>What we will<br>do in 2021-22   | •  | cases whic<br>Work with<br>planning a<br>Support er  | h have be<br>agents an<br>pplications<br>nployees t                                  | en in the s<br>d architect<br>s submitted<br>to deliver s                             | system for<br>ts to impro<br>d<br>ervice imp                       | over 12<br>ove the<br>proveme                         | and enforce<br>2 months<br>standard of<br>ents through<br>surgeries' |                            |
| How we will n  | neasure  | success  | 2017-18<br>Actual  | 2018-19<br>Actual   | 2019-20<br>Actual  | Trend   | 2020-21<br>Q1/Q2<br>Actual   | 2021-<br>22<br>Target      |
| Average processir<br>planning application  | -  |  | 17   | 18  | 20.6   | $\nabla$  | 22   | <15<br>weeks               |
| and the second sec |  | of major   |  |   |  |   |  | <20                        |

76.6

52.9%

224

800

94

36.2%

183

685

 $\nabla$ 

64.6

37.6%

209

736

127.6

59.9%

197

675

Average processing time of major

Percentage of planning enforcement

the system for more than 12 months Number of planning applications in

the system for less than 12 months

cases progressed within 39 weeks Number of planning applications in

planning applications (weeks)

| Number of enforce<br>system 12 months |   | 571   | 734   | 620   | $\Delta$                           | 579        | 425  |
|---------------------------------------|---|---|---|---|------------------------------------|------------|------|
| What you<br>will see by<br>March 2022 | <ul> <li>A more effi</li> <li>Improved p<br/>application:</li> <li>Improved p</li> <li>Reduction i<br/>enforcemen</li> <li>An empowe</li> <li>Increased o</li> <li>Sustainable</li> </ul> | processing<br>s<br>processing<br>in the num<br>nt cases in<br>ered and in<br>confidence | times for<br>times for<br>nber of live<br>the systemotivated<br>in the Pl | r local and<br>r planning<br>re planning<br>em<br>workforce<br>anning sys | major pla<br>enforcem<br>applicati | ent cases  |      |
| Alignment                             |   |   |   |   |                                    |            |      |
| Corporate Plan<br>2021-23             | <ul> <li>Provide acc<br/>continuous</li> </ul>  |   | -   | y and integ   | prated ser                         | vices thro | ough |
| Community<br>Plan                     | <ul> <li>All people i<br/>communitie</li> </ul>   |   | Mourne a  | nd Down b   | enefit fro                         | om prospe  | rous |
| Programme for<br>Government           | People war  | nt to live,   | work and  | visit here  |                                    |            |      |
| 7 aspects of<br>improvement           | Strategic<br>effectiveness  |   | vice<br>ability   | Service of  | quality                            | Efficie    | ency |
| Responsible<br>Officer                | Directo   | or: Enter   | orise, Re   | generatio   | n and T                            | ourism     |      |

\*Planning figures will be validated by the Department for Infrastructure and published through the Annual Report 2021-22.

# **Strategic Alignment**

| Performance<br>Improvement<br>Objective   | Corporate<br>Objective(s)   | Community<br>Planning<br>Outcome(s)  | Duty of<br>Improvement  |
|---|---|--|---|
| We will encourage<br>local people to lead<br>healthy and active<br>lives by improving the<br>quality of our parks<br>and open spaces                                | Continue to improve<br>the health and<br>wellbeing of everyone<br>in the District and<br>reduce health<br>inequalities<br>Support sustainable<br>forms of tourism which<br>value our environment<br>and cultural heritage | All people in Newry,<br>Mourne and Down enjoy<br>good health and<br>wellbeing<br>All people in Newry,<br>Mourne and Down<br>benefit from prosperous<br>communities | Strategic<br>effectiveness<br>Service quality<br>Fairness<br>Sustainability         |
| We will grow the<br>economy by<br>supporting local<br>businesses and<br>creating new jobs   | Invest in and support<br>new and growing<br>businesses, job<br>creation and<br>employment skills  | All people from Newry,<br>Mourne and Down<br>benefit from prosperous<br>communities  | Strategic<br>effectiveness<br>Service quality<br>Service availability<br>Innovation |
| We will improve the<br>cleanliness of our<br>District by addressing<br>littering, fly tipping<br>and dog fouling<br>incidents                                       | Enhance, protect and<br>promote our<br>environment  | All people from Newry,<br>Mourne and Down<br>benefit from a clean,<br>quality and sustainable<br>environment   | Strategic<br>effectiveness<br>Service availability<br>Innovation<br>Sustainability  |
| We will build the<br>capacity of local<br>communities through<br>the Financial<br>Assistance Scheme   | Enable and support<br>people to engage in<br>inclusive and diverse<br>activities in their<br>communities  | All people in Newry,<br>Mourne and Down live in<br>respectful, safe and<br>vibrant communities   | Strategic<br>effectiveness<br>Service availability<br>Fairness<br>Innovation        |
| We will improve the<br>processing times of<br>planning applications<br>and enforcement<br>cases by implementing<br>the Planning Service<br>Improvement<br>Programme | Provide accessible,<br>high quality and<br>integrated services<br>through continuous<br>improvement   | All people in Newry,<br>Mourne and Down<br>benefit from prosperous<br>communities  | Strategic<br>effectiveness<br>Service availability<br>Service quality<br>Efficiency |

### **Consultation on the draft Performance Improvement Objectives** 2021-22

| I am        | as an individual                            |  |
|-------------|---|--|
| responding: | on behalf of an organisation (please state) |  |

#### Question 1

#### Which consultation group do you belong to? Please tick all that apply.

Resident Elected Member Local Business Local Community Organisation Local Voluntary Organisation Statutory Organisation Other

| <b></b> |   | <br>_ | 1 |
|---------|---|-------|---|
| -       |   | <br>  | - |
| -       |   | <br>  | - |
| F       | - | <br>  | 1 |
|         |   | <br>  | 2 |
| F       | - | <br>  | 1 |
| F       |   | <br>  | 1 |

If other, please provide further information below.

#### **Question 2**

# Do you agree that the draft Performance Improvement Objectives are appropriate for our District?

| Performance Improvement Objective 1  | Agree | Disagree |
|--|-------|----------|
| We will encourage local people to lead healthy and<br>active lives by improving the quality of our parks and |       |          |
| open spaces  |       |          |
| Comments:  | -     |          |
| Performance Improvement Objective 2  | Agree | Disagree |
| We will grow the economy by supporting local   |       |          |
|  |       |          |
| businesses and creating new jobs<br>Comments:  |       |          |
| businesses and creating new jobs   |       |          |

| We will improve the cleanliness of our District by<br>addressing littering, fly tipping and dog fouling<br>incidents   |       |          |
|--|-------|----------|
| Comments:  | 1     |          |
| Performance Improvement Objective 4  | Agree | Disagree |
| We will build the capacity of local communities  |       |          |
| through the Financial Assistance Scheme  |       |          |
|  |       |          |
| Performance Improvement Objective 5  | Aaroo | Disagree |
| <b>Performance Improvement Objective 5</b><br>We will improve the processing times of planning<br>applications and enforcement cases by implementing<br>the Planning Service Improvement Programme | Agree | Disagree |

#### Question 3

What alternative Performance Improvement Objective(s), 'supporting actions' and 'measures of success' would you suggest?

#### Question 4

Which of the areas outlined below would you like to see Newry, Mourne and Down District Council make improvements to in the future? (please tick 3 areas)

| Area                          |  |
|-------------------------------|--|
| Arts Centres and Museums      |  |
| Building Control              |  |
| Car Parking                   |  |
| Cemeteries                    |  |
| Cleansing Service             |  |
| Community Services/Centres    |  |
| Council Parks and Open Spaces |  |

| Council Website  |  |
|--|--|
| Economic Development (Programmes to support the economy)                 |  |
| Environmental Health   |  |
| Grants, Procurement and Finance  |  |
| Harbours and Marinas   |  |
| Leisure Centres  |  |
| Licensing (dogs, gaming, entertainment etc)                              |  |
| Planning   |  |
| Play Parks   |  |
| Recycling  |  |
| Bin Collection   |  |
| Registration Services (Births, Deaths, Marriages and Civil Partnerships) |  |
| Tourism Events   |  |
| Visitor Attractions  |  |
| Visitor Information Centres  |  |
| Other Services (please specify)  |  |

# Please provide details, in the space provided, concerning the specific areas of the Council that you would wish to see improvements made in.

Completed questionnaires or comments should be submitted by 10 May 2021 to:

Email: performance@nmandd.org

In Writing: Community Planning and Performance Newry, Mourne and Down District Council O'Hagan House Monaghan Row Newry Co Down BT35 8DJ

Telephone: 0330 137 4000

Thank you for taking the time to respond to this questionnaire.

We look forward to hearing from you.

## Overall approach and timetable to develop and publish the Performance Improvement Plan 2021-22

| 1                               | Development of the Performance Improvement Plan 2021-22   | Timetable  |
|---------------------------------|---|--|
| 1.1                             | Review baseline evidence to support the development of the Performance Improvement Plan, including a review of existing performance management arrangements across the organisation   | Jan 2021   |
| 1.2                             | Develop and update the performance improvement objectives, supporting actions and measures of success,<br>ensuring alignment to the seven criteria outlined in the legislation, as well as the Community Plan, Corporate Plan<br>and other key strategies. Prepare Delivery Plans for each objective.   | Jan-Feb 2021   |
| 1.3                             | <ul> <li>Consider and agree the:</li> <li>Draft performance improvement objectives 2021-22, supporting actions, measures of success</li> <li>Overall approach and timetable for developing and publishing the Performance Improvement Plan 2021-22, ensuring compliance with the statutory Duty to Improve</li> </ul>   | CMT: Mar 2021<br>SMT: Mar 2021<br>SPR: Mar 2021<br>Council: Apr 2021<br>AC: Apr 2021 |
| 1.4                             | objectives 2021-22  | Feb 2021   |
| 2                               | Consultation on the draft Performance Improvement Objectives 2021-22  | Timetable  |
| 21                              | The proposed 9 wook consultation timetable with key stakeholders will consist of the following elements:  |  |
| 2.1                             | The proposed 8 week consultation timetable with key stakeholders will consist of the following elements:  |  |
| 2.2                             | Electronic survey published on the Council website and social media channels, and circulated to internal and external stakeholders  | 15 Mar-10 May 2021   |
|                                 | Electronic survey published on the Council website and social media channels, and circulated to internal and external stakeholders  | 15 Mar-10 May 2021<br>15 Mar-10 May 2021   |
| 2.2                             | Electronic survey published on the Council website and social media channels, and circulated to internal and external stakeholders<br>Public Advertisements in local newspapers   |  |
| 2.2<br>2.3                      | Electronic survey published on the Council website and social media channels, and circulated to internal and<br>external stakeholders<br>Public Advertisements in local newspapers<br>Consultation and engagement on the draft performance improvement objectives 2021-22 with:<br>• Section 75 groups, including Youth Councils, Older People's Forum, Cedar and Ethnic Minority Support<br>Centre   | 15 Mar-10 May 2021   |
| 2.2<br>2.3<br>2.4               | Electronic survey published on the Council website and social media channels, and circulated to internal and<br>external stakeholders<br>Public Advertisements in local newspapers<br>Consultation and engagement on the draft performance improvement objectives 2021-22 with:<br>• Section 75 groups, including Youth Councils, Older People's Forum, Cedar and Ethnic Minority Support<br>Centre<br>• DEA Forums<br>Analyse feedback from consultation and engagement activity, and propose amendments to the performance  | 15 Mar-10 May 2021<br>15 Mar-10 May 2021   |
| 2.2<br>2.3<br>2.4<br>2.5        | Electronic survey published on the Council website and social media channels, and circulated to internal and<br>external stakeholders<br>Public Advertisements in local newspapers<br>Consultation and engagement on the draft performance improvement objectives 2021-22 with:<br>• Section 75 groups, including Youth Councils, Older People's Forum, Cedar and Ethnic Minority Support<br>Centre<br>• DEA Forums<br>Analyse feedback from consultation and engagement activity, and propose amendments to the performance<br>improvement objectives, supporting actions and measures of success where appropriate  | 15 Mar-10 May 2021<br>15 Mar-10 May 2021<br>May 2021                                 |
| 2.2<br>2.3<br>2.4<br>2.5<br>3   | Electronic survey published on the Council website and social media channels, and circulated to internal and<br>external stakeholders<br>Public Advertisements in local newspapers<br>Consultation and engagement on the draft performance improvement objectives 2021-22 with:<br>• Section 75 groups, including Youth Councils, Older People's Forum, Cedar and Ethnic Minority Support<br>Centre<br>• DEA Forums<br>Analyse feedback from consultation and engagement activity, and propose amendments to the performance<br>improvement objectives, supporting actions and measures of success where appropriate<br>Design, approval and publication of the Performance Improvement Plan 2021-22  | 15 Mar-10 May 2021<br>15 Mar-10 May 2021<br>May 2021<br>Timetable                    |
| 2.2<br>2.3<br>2.4<br>2.5<br>3.1 | Electronic survey published on the Council website and social media channels, and circulated to internal and<br>external stakeholders<br>Public Advertisements in local newspapers<br>Consultation and engagement on the draft performance improvement objectives 2021-22 with:<br>• Section 75 groups, including Youth Councils, Older People's Forum, Cedar and Ethnic Minority Support<br>Centre<br>• DEA Forums<br>Analyse feedback from consultation and engagement activity, and propose amendments to the performance<br>improvement objectives, supporting actions and measures of success where appropriate<br>Design, approval and publication of the Performance Improvement Plan 2021-22<br>Finalise the Performance Improvement Plan 2021-22 | 15 Mar-10 May 2021<br>15 Mar-10 May 2021<br>May 2021<br><u>Timetable</u><br>May 2021 |

# Overall approach and timetable to develop and publish the Performance Improvement Plan 2021-22

|                       |  | SPR: Jun 2021<br>(including request to<br>publish the<br>Performance<br>Improvement Plan by<br>30 June 2021)<br>Council: Jul 2021<br>AC: Jul 2021 |
|-----------------------|--|---|
| 3.4                   | Publish the Performance Improvement Plan on the Council's website and social media channels  | Jun 2021 (before<br>statutory deadline of<br>30 June)   |
| 3.5                   | Develop, translate into Irish (in line with Bilingualism Policy) and publish the summary performance document –<br>'Our Performance: Looking Back, Going Forward'  | Sep 2021  |
| 3.6                   | Circulate electronic copies of the Performance Improvement Plan 2021-22 and summary document to key stakeholders   | Q3 2021-22  |
| 4                     | Implementation of the Performance Improvement Plan 2021-22   | Timetable   |
| 4.1                   | Publish the annual Assessment of Performance 2020-21, in line with statutory requirements  | SMT: Sep 2021<br>SPR: Sep 2021<br>Council: Oct 2021<br>AC: Sep 2021   |
| 4.2                   | Monitor and report progress in implementing the Performance Improvement Plan 2021-22 through the Mid Year<br>Progress Report   | SMT: Nov 2021<br>SPR: Nov 2021<br>Council: Dec 2021<br>AC: Jan 2022   |
|                       |  |   |
| 5                     | Improvement Audit and Assessment 2021-22   | Timetable   |
| <mark>5</mark><br>5.1 | Improvement Audit and Assessment 2021-22           NI Audit Office carry out the annual Improvement Audit and Assessment to ascertain if the Council has fulfilled its statutory duty of performance improvement. This will include:           • A forward looking assessment of the Councils likelihood to comply with its duty to make arrangements to | Timetable<br>Jul-Oct 2021   |

### Overall approach and timetable to develop and publish the Performance Improvement Plan 2021-22

|     | A retrospective assessment of whether the Council has achieved its planned improvements to inform a view regarding the Councils track record of improvement   |   |
|-----|---|---|
| 5.2 | The NI Audit Office issue the S95 report, outlining the findings from the Improvement Audit and Assessment,<br>which includes proposals for improvement to assist the Council in fulfilling its performance responsibilities in future<br>years | Final report: 30 Nov<br>2021<br>Publication of report:<br>Feb 2022  |
| 5.3 | Consider the s95 Improvement Audit and Assessment Report  | SMT: Dec 2021<br>SPR: Dec 2021<br>Council: Jan 2022<br>AC: Jan 2022 |

Chief Executive of each District Council

Finance Officer of each District Council

Back to Agenda



Commonities

www.communities-ni.gov.uk

Local Government and Housing Regulation Division Finance Branch Causew ay Exchange 1-7 Bedford Street BELFAST BT2 7EG Phone: 028 9082 3346 email: Anthony.carleton@communitiesni.gov.uk

Our ref: CO1-21-1742

08 March 2021

Circular LG 07/2021

Other Interested Parties

Dear Sir/Madam

# CONSOLIDATED COUNCILLOR ALLOWANCES CIRCULAR – UPDATED MARCH 2021

This Local Government Circular provides a consolidated record of all councillor allowances and from 1 April 2020 supersedes Local Government Circular 08/2020.

This consolidated circular is required to determine and reflect an increase in maximum rates for Basic and Special Responsibility Allowance from 1 April 2020 and an increase in Dependants' Carers' Allowance from 1 April 2021.

All determinations are made by the Department under section 31 of the Local Government Finance Act (Northern Ireland) 2011 and the Local Government (Payments to Councillors) Regulations (Northern Ireland) 2019.

If you have any queries on the content of this circular please contact Jeff Glass on 028 9082 3375 or lan Lewis on 028 9082 3506 or by email jeff.glass@communities-ni.gov.uk or jan.lewis@communities-ni.gov.uk .

Yours faithfully

ANTHONY CARLETON Director Local Government and Housing Regulation



#### 1. Basic Allowance - valid from 1 April 2020

| Basic Allowance | Maximum £15,486 per annum ≠ |
|-----------------|-----------------------------|
|                 |                             |

 $\neq$  (The basic allowance includes an element for incidental and consumable costs incurred by councillors in their official capacity. In 2015/16 this element was £1,000 and each year this amount is uplifted in line with the increase applied to the basic allowance, therefore this element within the basic allowance is £1,090 from 1 April 2020.)

#### 2. Dependants' Carers' Allowance

- valid from 1 April 2020 - 31 March 2021

The following table states the maximum rates for dependants' carers' allowance.

| Dependants' Carers' Allowance | Hourly Rate | Maximum monthly amount |
|-------------------------------|-------------|------------------------|
| Standard                      | £8.72^      | £454                   |
| Specialist                    | £17.44      | £907                   |

'(Based on national living wage)

- valid from 1 April 2021

The following table states the maximum rates for dependants' carers' allowance.

| Dependants' Carers' Allowance | HourlyRate | Maximum monthly amount |   |
|-------------------------------|------------|------------------------|---|
| Standard                      | £8.91^     | £463                   | _ |
| Specialist                    | £17.82     | £927                   |   |

'(Based on national living wage)

#### 3. Travel Allowances – valid from 1 April 2017

The following table states the maximum rates for travel allowances.

| Type of Vehicle  | Rate per<br>Mile |
|--|------------------|
| A pedal cycle  | 20.0p            |
| A motor cycle (all engine capacities)                                    | 24.0p            |
| A motor car of cylinder capacity exceeding 450cc but not exceeding 999cc | 46.9p            |
|  | *13.7p           |
| A motor car of cylinder capacity exceeding 999cc but not exceeding       | 52.2p            |
| 1,199cc  | *14.4p           |
| A motor car of cylinder capacity exceeding 1,199cc                       | 65.0p            |
|  | *16.4p           |
| An electric car  | 45.0p            |
|  | **25.0p          |
| Passenger rate (per passenger)   | 5.0p             |

\* For mileage above 8,500 miles

\*\*For mileage above 10,000 miles

#### 4. Special Responsibility Allowance – valid from 1 April 2020

The following table states the maximum rate of Special Responsibility Allowance that a council may pay. The maximum rate is based on the size of the council population. Each council's population figures are updated each year by the Northern Ireland Statistics and Research Agency and it is the duty of each council to operate within the total maximum rate appropriate to its population band. For ease the maximum any councillor can receive, within each band, is also provided.

| Population of council | Maximum Special<br>Responsibility Allowance | Maximum (1/5 <sup>th</sup> ) for<br>individual councillor |
|-----------------------|---|---|
|                       | £   | £   |
| Less than 120,000     | 54,525                                      | 10,905  |
| 120,000 to 199,000    | 76,335                                      | 15,267  |
| 200,000 +             | 117,774                                     | 23,555  |

#### 5. Subsistence Allowances – valid from 1 April 2015

The following table states the maximum rates for subsistence; however, where councils believe it is necessary there is flexibility for councils to increase these rates by applying a suitable measure of price inflation.

| PERIOD/MEAL   | RATES<br>£    |        |
|---|---------------|--------|
|   | British Isles | London |
| Accommodation allowance - An absence involving an overnight stay, away from the normal place of residence. This rate does not include any meal allowance.                               | 100.70        | 122.45 |
| <b>Breakfast allowance</b> - (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period before 11 am)                                | 11.50         |        |
| Lunch allowance - (more than 4 hours away from the<br>normal place of residence or, where approved by the<br>council, a lesser period including the period between 12<br>noon and 2pm)  | 13.50         |        |
| <b>Tea allowance</b> - (more than 4 hours away from the<br>normal place of residence or, where approved by the<br>council, a lesser period including the period between<br>3pm and 6pm) | 4.70          |        |
| <b>Evening meal allowance</b> - (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period ending after 7pm)                         | 20.95         |        |







Chief Executive of each District Council, Finance Officer of each District Council, Mr D McCallan, Chief Executive, NILGA, Mrs Helen Hall, LGSC, Mr D Murphy, Secretary, NILGOSC, Mr T Walker, Acting Chief Executive, arc21, Other interested parties Local Government & Housing Regulation Causeway Exchange 1-7 Bedford Street Townparks Belfast BT2 7EG

> Telephone: (028) 9082 3375 e-mail: jeff.glass@communities-ni.gov.uk

Our ref: CO1/21/141057 Date: 2 March 2021

Circular LG 06/21

Dear Sir/Madam

#### DESIGNATION OF LOCAL GOVERNMENT AUDITOR

This circular brings to your attention a change in the designation of the Local Government Auditor. The detail is set out in the following paragraphs

Article 4(1) of the amended Local Government (Northern Ireland) Order 2005 (the 2005 Order) provides that the Department may, with the consent of the Comptroller and Auditor General for Northern Ireland (the C&AG), designate a member of staff of the Northern Ireland Audit Office (NIAO) as the local government auditor.

Under Article 4(2) of the amended 2005 Order, the local government auditor may make arrangements with the C&AG for members of the staff of the NIAO to assist in the performance of the local government auditor's functions.

Article 4(3) of the amended 2005 Order further provides that the Department may, with the consent of the C&AG, designate a member of the staff of the NIAO to be known as the deputy local government auditor.

The Department has consulted with the C&AG and, with effect from 1 March 2021, has designated Colette Kane as Local Government Auditor and assigned Colette to audit the accounts of every local government body.

Yours sincerely

JEFF GLASS Local Government & Housing Regulation Division







Clerk and Chief Executive of each District Council

Local Government & Housing Regulation Division

Causeway Exchange 1-7 Bedford Street Townparks Belfast BT2 7EG

Tel: 0289082 3375 E-mail: jeff.glass@communities-ni.gov.uk

Our Ref: Your Ref:

Date: 11th March 2021

Circular LG 08/21

**Dear Chief Executive** 

#### ACCOUNTS DIRECTION 2020/21: NORTHERN IRELAND DISTRICT COUNCILS

Following consultation with the Association of Local Government Finance Officers (ALGFO), the Department has prepared a Direction for the appropriate form and content of the accounts of the district councils in Northern Ireland. I have enclosed the following documents that will help you to prepare the accounts for 2020/21:

Cover letter - as per this document;

Annex A - Circular no LG 08/21 Accounts Direction to Councils 2020/21

Annex B - Accounts Direction for 2020/21

Annex C - Pro forma Accounts for District Councils including Pro forma No. 1 Rates Support Grant Pro Forms;

Annex D - Accounts Direction Schedules;

Annex E - Remuneration Report notes.

Yours sincerely,

20

Jeff Glass Head of Finance Local Government & Housing Regulation Division

Cc: Colette Kane, Local Government Auditor NI Finance Officers, District Councils

Encs