

Report of the Performance and Compliance Officer

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

Introduction

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

This report remains in its development phase, with further work needed on developing and reviewing triggers, putting in additional monitoring for some areas and looking at how it can support and feed into Second Line Internal Assurance within the risk register. We will look to engage with our internal auditors to identify how we can improve and further develop this report, our assurance monitoring and triggers. Further engagement work will also be carried out with compliance leads for different areas as capacity allows in Q3/Q4.

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

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

It provides resilience scores on:

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

Resilience Score		
Vulnerable	Of concern	Resilient

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

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

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

The reporting period is for the end of quarter 2 2024/25 (September 30).

Planning Statistics

Following upgrade to planning system work is currently being undertaken to update/develop associated dashboards/ reports from system for planning data. The team are working both internally and with the external company to allow accurate performance statistics to be produced following identification of issues with initial dashboards. We are working with the company to try to resolve the issue. As a result, figures were not available for consideration when producing this assurance report. This issue has also impacted on the Authority's ability to provide its quarterly performance submission to Welsh Government.

Activities to improve resilience scores

Work is continuing to move corporate policies into new template with improved version control and subject them to more detailed review where required ready for publication in the new Corporate Policy Hub section of staff intranet. In terms of HR related policies the HR Team are systematically working through list of policies and are holding regular policy review sessions which is supporting progression of this work. Those policies that have been subject of employment legislative changes and or used more regularly have been prioritised. Further batch of updated HR policies uploaded to staff intranet in Q2.

A Business Continuity Exercise based on an IT incident was held with relevant officers on 16/9/24.

Health and Safety Risk assessment review activity and revised document control process has been implemented.

Staff have been progressing work to support the Authority to comply with the Social Responsible Procurement duty including preparation and consultation on policy and strategy to go to October NPA for approval.

Work was carried out in Q2 to create an updated retention schedule for the Authority and an associated Record Management and Retention Policy. Now retention

schedule has been completed, focus will move to creating up to date record of processing.

A data protection assessments and third party processor register has been created for quarterly review by Management Team. Ongoing work is needed to embed use and monitoring of the new register.

Safeguarding Group meetings have now been scheduled for the year to ensure meetings are held quarterly. Action plan has been developed by group and is supporting group to work through internal audit and other actions. Annual Safeguarding report was presented to Members at September NPA. Updated Recruitment Policy approved by Management Team. In Person Safer Recruitment training arranged for 24/10/24.

RECOMMENDATION:

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

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

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

Reporting Period: End of September 2024/25

Resilience Score		
Vulnerable	Of Concern	Resilient

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

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

1. Governance

Resilience Area		Resilience Score [Q1 2024/25]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Of Concern [1 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [1 Trigger]	Of Concern [1 Trigger]
CI	Culture/ Implementation	Of Concern [1 Trigger]	Of Concern [1 Trigger]
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Not all current policies available to staff on staff intranet. Need to address version control, historic issues with document control. [1 Trigger]	Transitioning from old parcnet to new sharepoint intranet site. All policies being subject to light touch review/ or more in depth review as part of this process and moved into new template with improved date/version control. Once this work has completed all current policies will be available to staff in Corporate Policy section of the new intranet site and central storage via Corporate Policy Review Team will help with document control. We have seen significant progress to date within context of wider competing priorities on staff involved. Looking to do mop up work in Q3/ Q4 in terms of outstanding policies to move them into new template. Updated scheme of delegation will also help provide clarity in terms of approval process for policies.	
IRCM	2 Complaints referred to the Ombudsman ytd (Q1)	One complaint was referred to the Ombudsman and was not upheld. The Authority it awaiting the outcome of the second complaint referred to the Ombudsman.	

CI	% Member attendance at training ytd below 65% target at 57.58% ytd at end of Q2 and within Of concern threshold. [1 Trigger]	Discussed at People Services Committee 18/9/24. Agreed to include as 'in attendance' any Member who advises that they have watched a recording of the session. Trial of half-day rather than full-day study tour resulted in higher attendance and may provide a model going forward.	
Improvement Activities Since Previous A & C Committee Meeting			
<ul style="list-style-type: none"> • Business Continuity Exercise held with relevant officers on 16/9/24 • HR have been holding policy sessions and have reviewed and moved a number of policies into new template over Q2 and these are now available to staff on the new intranet Corporate Policy hub. 			
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
G20	Finalise set of revised values for the Authority. Carry out range of activities to embed Authority's new values.	Amber	Progress Status: In Progress/ Behind Work ongoing
G20	Review of integrated assessments template, information provided to Members and development of project checklist or other tools to reflect new priorities and to maintain compliance with relevant statutory duties.	Amber	Progress Status: In Progress/ Behind Revised guidance, trigger document and template due to go to Management Team in October for approval. Meetings held with Democratic Services looking at information provided to Members.
G20/ AGS	Corporate Improvement Project on Management and Communication of Corporate Policies, Procedures and Templates	Green	Progress Status: In Progress / On Track Management Team approved a number of updated HR policies in August: Recruitment Policy, Short Term Sickness Absence Policy, Long Term Sickness Absence Policy, Adoption Leave Policy, Paternity Policy, Parental Bereavement Policy, Bereavement Policy, Carers Leave Policy and Maternity Policy. All in new policy template with version control information. Policies uploaded to staff intranet and publicised via Authority Posts on Teams. HR carrying out ongoing work to review HR focused policies. Consultation initiated on review of Socially Responsible and Sustainable Procurement Policy, Equity, Diversity and Inclusion Policy and Record Management and Retention Policy. Whistleblowing policy moved into new template and circulated to relevant officers for comment/ review. Aim to carry out work in Q3/ Q4 to address outstanding policies that need to be moved into new template (dependent on capacity).

AGS	Implement agreed recommendations from Audit Wales review of Governance	Green	Progress Status: In Progress / On Track Most of the recommendations are for others, but the Authority is making progress on those actions it needs to consider
SD21	PDP for Members capture any skills gaps/ development opportunities linked to new priorities	Green	Progress Status: In Progress / On Track Training plan continuing to deliver development needs and will be revised in Q4 to include needs identified in next round of PDPs

2. Finance

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

Resilience Area		Resilience Score [Q1 2024/25]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Of Concern [1 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Triggers to be developed and agreed.	Triggers to be developed and agreed
CI	Culture/ Implementation		
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Delay in signing off draft statement of accounts, did not meet regulation requirement for this to be completed by 31 May 2024. [1 Trigger]	Required statement made by Responsible Finance Officer and placed on Authority website. Statement noted that delay was due to changes in key staff, finance system issues and a later audit timetable as notified by Audit Wales. Within the expectations of Welsh Government, Members noted the draft 2023-24 statement of accounts by the deadline of 31 July 2024 and signed the audited accounts on 23rd October. Audit Wales certification due to be received on 25th October 2024.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
RBF22/ AGS	Continue to work with Members and Welsh Government to manage mid term financial challenges and pressures.	Green	Progress Status: In Progress / On Track Regular discussions with Welsh Government and future funding and work being undertaken to prepare future budgets. UK Government budget on 30th October and Welsh Government draft budget on 10th December are key dates.

RBF22	Management Team members to carry out mid/long term financial mapping and scenario planning for Authority and departments to manage future deficits identified in 2024/25 budget planning.	Amber	Progress Status: In Progress/ Behind Long audit process has detracted from this objective. Budgetary planning will start in November 2024.
RBF22	Undertake a Zero Based Funding exercise to reallocate funding to key priorities and also identify funding gaps.	Amber	Progress Status: Not Started/ On Hold The Audit process has detracted from making progress on this. Now scheduled for November & December 2024.
RBF22	Review project identification/ prioritisation process for funding to align to new priorities and delivery plan funding gaps. Identify flagship/ landscape scale projects linked to actions within Delivery Plans.	Green	Progress Status: In Progress/ On Track Working across departments to source funding opportunities. Currently working on stage one application for HLF NNF4, Brilliant Basics, Heating WG grant and CLF People and Places.
RBF22	Review and identify commercial opportunities across all Authority activities and assets and develop a commercial opportunity strategy with SMART set of measures.	Green	Progress Status: In Progress/ On Track Draft consultant report received.
RBF23	Additional Marketing Support for Centres – Contract for specialist marketing support (Funded – 10K for 2024-25)	Green	Progress Status: Complete/ On Track Funding used to support the filming and production of three promotional films for the visitor attractions and the final films have now been received. The films will be used to market the visitor attractions via social media and media partners in the coming months.
RBF23	Development and delivery of fundraising strategy.	Green	Progress Status: In Progress/ On Track Currently working across departments to support driving income. Developing strategy for Trust and PCNPA to be delivered in the new year.

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

Resilience Area		Resilience Score [Q1 2023/24]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Vulnerable [1 Trigger]	Of Concern [2 Trigger]
		Of Concern [2 Triggers]	

IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Triggers]	Of Concern [1 Trigger]
CI	Culture/ Implementation	N/A	Triggers to be developed and agreed.
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Estates/ Asset Management Strategy not in place and Asset Management Policy overdue review. However, work has commenced on development of strategy and review of policy, including putting in place timetable for completion of this work as a result moved from vulnerable to of concern. [Trigger 2]	Initial scoping meeting held with Estates officer, Head of Decarbonisation, Director of Placemaking & Decarbonisation and Performance and Compliance Officer. Timeframe mapped for review of policy and writing of strategy.	
IRCM	Invoices paid on time (SRPD – Making payments promptly): Within of concern threshold at 95.43% ytd. However worth noting only slightly below 96% target. [1Trigger]	Supplier payments are made weekly for all approved invoices. Delays can occur when incorrect invoices are received or delays in approvals elsewhere in the organisation. This is not currently considered an issue for concern given that more or less on target.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
D5	Net Zero Welsh Government Reporting – Recording, analysis, submission and improvements in data collection/ recording.	Green	Progress Status: Complete/ On Track Completed for 2023/24. Reporting submitted and acknowledged 20th August.
G20	Updating of Section 6 Biodiversity Signposting document and raising awareness and understanding of duty as part of this process.	Green	Progress Status: In Progress/ On Track Section 6 signposting document updated and provided to Management Team for comment and to ask if wider staff consultation needed prior to going for approval. Management Team have suggested that consultation should happen with staff to help raise awareness of duty and document. Consideration is needed as whether further amendments may be needed in terms of any changes to the Partnership Plan (when agreed), will apply amendments as needed following NPMP approval and then seek to consult with staff.
G20	Review of Authority's Asset Management/ Estates Strategy – to align it with our new objectives/ priorities.	Amber	Progress Status: In Progress/ Behind Initial scoping meeting held with Estates officer, Head of Decarbonisation, Director of

	Including considerations around acquisitions for carbon sequestration.		Placemaking & Decarbonisation and Performance and Compliance Officer. Timeframe mapped for review of policy and writing of strategy.
SD21	Ongoing Members Training Climate Adaptation	Green	Progress Status: In Progress/ On Track Updated training will be provided once TAN 15 finalised by WG.
AGS 2024/25	Procurement processes / Socially Responsible Procurement - Review of procurement approach and processes to take account of legal changes at Welsh and UK Government level and challenges of decarbonisation.	Green	Progress Status: In Progress/ On Track Astari have started the process of reviewing our Contracting Standing Orders. However, the legislation has been delayed until at least February 2025. The advice from Astari would be to wait until the new legislation is in place as this has a massive impact on how we will procure compliantly. The Socially Responsible Procurement Policy and Strategy went out for internal Member and staff consultation to be presented for approval at October NPA.

4. Welsh Language

Resilience Area		Resilience Score [Q1 2024/25]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Of Concern [1 Trigger]	Resilient [0 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Trigger]	Resilient [0 Trigger]
CI	Culture/ Implementation	Triggers to be developed and agreed.	Triggers to be developed and agreed.

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

Resilience Area		Resilience Score [Q1 2024/25]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Resilient [0 Triggers]	Resilient [0 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [1 Trigger]	Of Concern [1 Trigger]
CI	Culture/ Implementation	Triggers to be developed and agreed	Triggers to be developed and agreed
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
IRCM	Equality monitoring data for staff held on HR system is within of concern threshold at 70.15%. This is a slight	Although below target there has been a small increase between Q1 and Q2 2024/25. Overall the Authority has seen improvement in terms of equality monitoring data provided since	

	increase on 69.86% in Q1 2024/25. [1 Trigger].	significant fall when HR system was initially changed.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
G20	Review of Equality Plan and Objectives	Green	Progress Status: In Progress/ On Track. Draft Equality Plan went to September NPA for Member comment before it goes out for internal and external consultation.

6. Safeguarding

Resilience Area		Resilience Score [Q1 2024/25]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Of Concern [2Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Triggers]	Resilient [0 Triggers]
CI	Culture/ Implementation	Of Concern [1 Trigger]	Resilient [0 Triggers]
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Outstanding internal audit action on Safeguarding policy and updated schedule on roles of staff/ volunteers in relation to safeguarding and DBS Checks needed following restructure. [1 Trigger]	The Safeguarding Statement/ Policy has been updated and the revised draft is awaiting approval and implementation. Safeguarding Group agreeing final amendments to policy at October Safeguarding group, for policy to go for final approval at December NPA	
Improvement Activities Since Previous A & C Committee Meeting			
<ul style="list-style-type: none"> Safeguarding Group meetings have now been scheduled for the year to ensure meetings are held quarterly Action plan has been developed by group and is supporting group to work through internal audit and other actions Annual Safeguarding report was presented to Members at September NPA Updated Recruitment Policy approved by Management Team In Person Safer Recruitment training arranged for 24/10/24 			

7. Information Governance / Data Protection / Cyber Security

Resilience Area		Resilience Score [Q1 2024/25]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Vulnerable [3 Triggers]	Vulnerable [3 Triggers]
		Of Concern [2 Triggers]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Of Concern [1 Triggers]	Of Concern [1 Trigger]
CI	Culture/ Implementation	Of Concern [2 Triggers]	Of Concern [2 Triggers]

Ref	Triggers identified: Vulnerable/ Of Concern	Management Response
AD	Internal Auditors identified several missed opportunities to complete a DPIA. [1 Trigger]	DPO attended Management Team meeting in September to discuss DPIA requirements. DPIA register has been created to help identify and monitor completions of DPIAs. Register to be reviewed quarterly by Management Team.
AD	Only 71.72% of staff have signed the ICT User Policy on the HR System (Updated Policy approved at May NPA) [1 Tigger]	Request to be made at Management Team to follow up with their departments to ensure all staff read and sign policy on Cezanne.
AD	Across Authority up to date records of processing needs to be put in place. [1 Trigger]	This activity has been affected by organisational restructure and impact on record management structures. Officer capacity has also been an issue due to competing priorities. Work will now commence following completion of updated retention schedule, focusing first on Teams who have gone through the F Drive restructure.
AD	Publication Scheme significantly out of date and requires review. [1 Trigger]	Democratic Services Officer and Performance and Compliance Officer have met to kick start review. Have looked at format and approach taken by other local Authorities and will look to update and improve Corporate Document section pages of website as part of this process to make it easier for people to find information they need.
IRCM	Two incidents reported internally in Q1 relating to system breaches involving third party data processors, risk assessed as low and as a result not reported to ICO. No further incidents reported in Q2 [1 Trigger]	As two incidents happened in close proximity a review meeting was arranged for July to look at risks around data breaches in terms of third party data processors and any further mitigating actions we need to put in place to help minimise risks, meeting included DPO, Chief Executive, Head of Decarbonisation, IT Team Leader and Performance and Compliance Officer. DPIA register and third party processor register has been developed in response and DPO attended Management Team meeting in September to introduce them.
CI	Cyber Security Training Completions at 88.88% and Data Protection Training Completions at 92.86% are within of concern threshold. [2 Triggers]	Following internal audit recommendations, we are going to carry out full review of Data Protection and Cyber Security Training to look at suitability of training provided, provision of training for all staff and Members and most effective system to use for delivery and monitoring. In the interim management team have been contacted on a monthly basis with training status for their team and asked to liaise with relevant staff who have training outstanding. This new process has seen completions increase for data protection training from 74.80% in Q1 to 92.86% in Q2 and completions increase from 74.80% in Q1 to 88.88% in Q2 for cyber security training. Those with outstanding Data

			Protection Refresher training should also be receiving reminders weekly from the system.
Improvement Activities Since Previous A & C Committee Meeting			
<ul style="list-style-type: none"> • Work on up to date retention schedule over Q2 meant that it could go to Management Team for approval on 1 October. A Record Retention and Management Policy has also been created for approval at October NPA. • Creation of DPIA and third party processor register 			
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
DT29	Develop IT Action Plan into formal strategy (IT Infrastructure & Systems).	Green	Progress Status: Complete/ On Track Strategy approved Audit committee 31/7/24
AGS	Approval of new ICT User Policy and Information and Data Security Policy.	Green	Progress Status: Complete/ On Track Revised ICT User Policy and Information and Data Security Policy approved by Members at May NPA. [Action Complete]
DT29	Review our Cyber Security Training offer and implement new training programme (Digital Skills)	Amber	Progress Status: Not Started/ Behind Review not started. Meeting scheduled for October with IT, HR and DPO.
DT29	Audit Staff's Digital Skills and implement training Programme (Digital Skills)	Amber	Progress Status: Not Started/ Behind No further progress due to capacity within the IT team. Wellbeing and training reviews of staff included questions on IT skills which will help inform identification of training needs.
AGS	Implementation of Microsoft 365 across the Authority.	Green	Progress Status: In Progress/ On Track Limited progress due to other IT priorities. No 365 training in last period but will schedule one soon as been a few new starters. Teams / Sharepoint used for new process around managing Risk Assessments.
AGS/ DT29	Record Management Project - Implementation of actions to support improved information governance. Completion of restructure of F/Drive and Movement of Digital Files where needed to Teams/ Sharepoint.	Amber	Progress Status: In Progress/ Behind F Drive move session held with Conservation and Access. Next session arranged with Countryside. Wider work needs to be carried out relating to images and corporate archive. Draft retention schedule provided for consultation to Management Team and Team Leaders and DPO. Comments reviewed. Draft retention schedule due to go to 1st October Management Team for approval this will support wider document management going forward. A Record Management and Retention policy has also been developed and circulated for Member and Staff comment, aim is for the new policy to go to the October NPA.

DT29	Development of new business case process/ procedure for approval of new systems and apps. (Improving processes for IT resource requests.)	Amber	Progress Status: In Progress/ Behind Draft proforma has been trialed with Head of Engagement and Inclusion.
DT29	Development of list of systems / licence requirements for each job role under new structure. Amend request to fill forms to take account of IT related costs for that job role (Improving processes for IT resource requests) .	Amber	Progress Status: Not Started/ Behind Discussions have begun with HR regarding leaver and starter processes. Action / measure identified in ICT strategy and action plan.
DT29	Ensure revised project development process takes account of full cost recovery/ cost implications tied to systems/ licence / IT related costs and any Web Accessibility or Welsh Language compliance issues. (Improving processes for IT resource requests)	Amber	Progress Status: In Progress/ Behind New project request proforma trialed which include costs.

8. Workforce /Social Partnership Duty/ Health and Safety

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

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

Resilience Area		Resilience Score [Q1 2024/25]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Vulnerable [2 Triggers]	Of Concern [2 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Resilient [0 Triggers]	Resilient [0 Triggers]
		Further Triggers to be developed and agreed	Further Triggers to be developed and agreed
CI	Culture/ Implementation	Resilient [0 Triggers]	Resilient [0 Triggers]

		Further Triggers to be developed and agreed	Further Triggers to be developed and agreed
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Issues around historic poor document/ version controls for HR related Policies. A number of HR policies in need of review. Disciplinary Procedure significantly out of date in terms of when last reviewed. Moved from Vulnerable to Of Concern as HR have in place programme of work to review policies and procedures and there is evidence of progress being made including update of Grievance procedure. [2 Triggers]	HR Team are systematically working through list of policies and are also holding regular policy review sessions which is supporting progression of this work. Those policies that have been subject of employment legislative changes and or used more regularly have been prioritised. Wider work on improved document and version control is being applied to HR policies. Further batch of updated HR policies uploaded to staff intranet in Q2.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
DT29	Updating of induction process to reflect new priorities (Staff, Volunteers and Members induction.)	Amber	Progress Status: In Progress/ Behind Because of staff turnover and competing demands around Pay and Grading and the implementation of Sexual Harassment in the Workplace in October 2024 no further progress has been made.
DT29	Implementing Management Team Development Programme	Green	Progress Status: In Progress/ On Track A number of training and development activities being undertaken via external providers
SD1 / AGS	Complete and review outcome of Pay and Grading Review	Red	Progress Status: In Progress/ Behind The meeting took place with WME Consultants on 6 September. Progress was made and the Consultants began pay modelling work using the agreed hierarchy of points. We subsequently met with UNISON to discuss consultation and agree a timeline. Work is continuing in relation to staff communication and associated policies and procedures.
SD21	Updating of Annual Appraisal/ Work and Well-being process to capture progress against new priorities and identify skills gaps and development opportunities for all staff.	Amber	Progress Status: In Progress/ Behind This is linked to other areas of work but due to competing demands no progress has been made in September. We are following up on wellbeing and development reviews that are outstanding. These are necessary to

			inform training and development and to prioritise skills gap interventions
SD21/ AGS	Development and delivery of training plan/ programme 2024 - 2027 for all Staff, Members (through Member development training plan) and volunteers incorporating new priorities and reflecting areas identified within Skills and Development Delivery Plan for training.	Green	Progress Status: In Progress/ On Track We are following up on any outstanding wellbeing and development reviews for staff. Inform training and development and to prioritise skills gap interventions. We are continuing to review HR policies in a systematic way completing the suite of family friendly policies in the last month.
SD1	Explore new pathways to employment opportunities through skills development/ training / apprenticeship opportunities. Review our offer for further and higher education students.	Amber	Progress Status: In Progress/ Behind We are engaging with local schools and Pembrokeshire College to identify opportunities for work experience and work placements. Links are also being made with HE Institutions to explore opportunities for traineeships and or work placements. We are continuing to work with Careers Wales to attend career events in local schools so that pupils can make more informed subject choices at GCSE and A level.
AGS/ DT29	Review of Health and Safety – ensuring we can deliver our new priorities in a way that is aligned to our Health and Safety obligations. Review and update of Risk Assessments to new template following recommendation from Internal Audit.	Green	Progress Status: Complete/ On Track The risk assessments have been standardised, evaluated and uploaded to Teams to provide competent access to risk assessments. Teams also allows PDF versions to be generated which have been uploaded to Parcnet (SharePoint). The control and management of the documents going forward will be limited to certain individuals so that auditing can be achieved. A management document has also been produced to guide users in how to edit and secure their documents for review. IT will issue emails and indicate which risk assessments are out of date if they are not reviewed on time.

9. Planning

Note: Following upgrade to planning system work is currently being undertaken to update/ develop associated dashboards/ reports from system for planning data. The team are working both internally and with the external company to allow accurate performance statistics to be produced following identification of issues with initial dashboards. We are working with the company to try to resolve the issue. As a result, figures were not available for consideration when producing this assurance report. This issue has also impacted on the Authority's ability to provide its quarterly performance submission to Welsh Government.

Resilience Area		Resilience Score [Q1 2023/24]	Resilience Score [Q2 2024/25]
AD	Accountability Documentation	Vulnerable [1 Trigger]	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	Data not available	Vulnerable [1 Trigger] Please see above note on planning data.
CI	Culture/ Implementation	N/A	N/A
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Planning Enforcement and Compliance Policy last reviewed and adopted 2011. Moved from Vulnerable to Of Concern as review of policy has commenced. [Trigger 1]	Director of Placemaking, Decarbonisation and Engagement, Development Management Manager and Team to review. Revised policy to go to NPA for approval. Initial research work being carried out by the team to inform the review and revised version drafted.	
IRCM	Submission of Quarterly Planning Performance Returns to Welsh Government have been impacted on by issues with data reports/ dashboards as a result of APAS upgrade. [Trigger 1]	Following upgrade to planning system work is currently being undertaken to update/ develop associated dashboards/ reports from system for planning data. The team are working both internally and with the external company to allow accurate performance statistics to be produced following identification of issues with initial dashboards created by company. We are working with the company to try to resolve the issue, with particular focus on Welsh Government related dashboards. Authority has been in contact with other local Authority that uses same system.	
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
	Review of Adopted Local Development Plan 2	Green	Progress Status: In Progress/ On Track A full review of LDP 2 commenced in September. NPA were notified of the commencement of review in NPA Report 31/24 on 11 September.
	Planning Administrative Process Review	Amber	Progress Status: In Progress/ Behind The update of the APAS system (planning database), which has been in the pipeline for a number of years has proven very difficult. The new system is up and running, but the ability to produce performance statistics has been severely impacted on. The team are working both internally and with the external company to allow performance statistics to be produced and are making progress on being able to monitor accurately going forward. We

			are working with the company to try to resolve the issue.
	Review of Enforcement Service	Green	<p>Progress Status: In Progress/ On Track</p> <p>The review of enforcement services has progressed from being short staffed to now being in a good position, where the team are working well to address a backlog which still remains from Covid. A large number of Enforcement Appeals have been received this year following the clearing of the backlog with PEDW. New enquiries are being processed more efficiently and the enforcement assistant has made a really positive impact to the team as a whole. The next stage is to review the Enforcement Charter which is significantly out of date and replace with an amended version and on which work has begun. This is currently being researched by the team in addition to investigation our data systems generation of statistics.</p>
	Planning – Engagement with Community Councils/ Provision of Training	Green	<p>Progress Status: In Progress/ On Track</p> <p>We will be organising a yearly training session for Community Council members after last years successful trial - all on-line though following only one person turning up for the in-person training last Autumn. We need to organise a date to send out invites for an autumn session.</p>